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SOME ASPECTS OF PELVIC APPENDICITIS.

By G. Grey Turner, M.S. (Durh.), F.R.C.S. (Eng).

There is no essential difference between appendicitis occurring in the pelvis, and in any other part of the abdominal cavity. So far as I know its causation and pathology are the same, and any features, which are peculiar to it, depend entirely on environment. When the inflammatory phenomena associated with appendicitis arise in the pelvis, or extend to it, certain viscera, or parts of viscera, which have delicate physiological functions to perform, and which communicate with the surface of the body, may be affected. When the peritoneum, covering the bladder, is involved, there is usually interference with the act of micturition, which may be frequent and painful, or there may be retention, or more rarely incontinence. The retention in adults is because the patient is unable to empty the bladder, but in children the pain experienced, on emptying the latter may be so great, that they voluntarily hold their water, until the bladder is very much distended. So with the rectum, there may be pain when it is emptied, either of flatus, or fæces, and the same applies to the functions of the vagina. At a later stage, when the inflammatory process extends to, and involves the wall of the bowel, as just before the bursting of an abscess, there is frequent painful tenesmus, and a very great increase of its secretion, as shown by the constant escape of mucous from the anus. But these manifestations of the inflammatory process are not peculiar to the parts involved. When an abscess occurs, among these small intestines, the exalted and painful peristalsis takes the place of tenesmus, and there is a copious outpouring of secretion from the intestinal walls, as shown by the frequent onset of diarrhœa. The fact that the parts, involved in pelvic appendicitis, directly communicate with the surface of the body, not only serves to make some of the symptoms more obvious, but proves an inestimable boon in that the means of examination are greatly facilitated.

It is not only when the appendix is actually situated in the pelvis, that it is liable to give rise to symptoms, referable to this region, for the mischief which starts in an appendix, not located in the pelvis, may extend to the latter, and the most urgent features of the illness may be associated with this extension. The appendix commonly hangs over the pelvic brim in whole, or in part, and, in some few cases, the whole cæcum may lie in the pelvis; but it is not these anatomical variations, which account for the greater number of cases in which pelvic symptoms occur. The pelvis is one of the dependent parts of the great peritoneal sac, in all ordinary positions of the subject, and it is into this part of the peritoneum, so well described by the French "le bassin," that exudations in the vicinity tend to find their way.

Whatever is the usual position of the normal appendix as found in the dissecting or post-mortem rooms, in abscess cases it is most commonly found somewhere in the sulcus on the outer side of the cæcum and ascending colon. With the organ in such a situation, there are two royal routes by which the products of its inflammation may travel:—upwards into the hepatic pouch, or downwards into the pelvis. It is the collections of pus in the pelvis, that have reached that basin from some other part of the peritoneal cavity, that account for the greater number of cases of appendicitis, in which pelvic symptoms are a prominent feature.

The different Groups of Pelvic cases.

The clinical features of the cases, that are met with, can best be considered in four groups.

1. The mild cases.
2. The severe cases with pelvic peritonitis.
3. The severe cases with pelvic abscess.
4. The cases with unusual features.

1. The mild cases.—As the characteristic symptoms depend so much on the implication of the walls of the pelvic viscera, it is not likely that those cases, which naturally come under the head of relapsing, or catarrhal appendicitis, will frequently give rise to such symptoms, for the trouble is then usually confined to the appendix itself. The commonest pelvic symptom, in mild cases, is some interference with micturition, and this usually takes the form of frequency, or hesitation and pain, on starting the act as in the following case.

A young woman, suffering from her first attack, had severe pain in the umbilical region and right iliac fossa. It was sufficiently severe to make her shout out and vomit. She was ill for three days, and for two days had frequent painful micturition and pain on defæcation. After the attack passed off, there was nothing to be felt from the belly, but per rectum, a

tender finger-like process was easily made out. The appendix was found hanging over into the pelvis, free from adhesions, and the right tube and ovary were normal. The mucous membrane was swollen, and dotted here and there with tiny hæmorrhages.

Mr, H. L. Barnard (1) points out, it is useful to remember, as an aphorism, that if in a case, supposed to be appendicitis, the organ cannot be located in the abbomen, it will be found per rectum. Of course this method must be used with care, and with due regard to the other aspects of the case, otherwise mistakes will be made, as in the case of a young lady, who had suffered from several attacks of abdominal pain supposed to be appendicular. Per vaginam, a hard tender body was felt lying against the right pelvic wall. This was supposed to be the appendix, with its extremity recurved, but it turned out to be a stone, impacted in the ureter, the appendix being normal.

2. The severe Cases with Pelvic Peritonitis.—In the most severe cases, such as come under the head of "fulminating appendicitis," the pelvic symptoms are subsidiary to the severity of the initial attack, or to the grave general disturbance, or are almost at once submerged in the symptoms of general peritonitis. In fact, it may fairly be said that, in the acute cases, the pelvic symptoms are only of localising value in the very early stages, or after the septic process have localised. Retention of urine is the commonest pelvic symptom, and, on rectal examination, extreme tenderness may be elicited, or the inflamed appendix may be itself felt. A lady of 48 had an attack of acute appendicitis with frequent vomiting. There was pain in the pelvis with frequent, but ineffectual, efforts at micturition, the urine having to be drawn off by catheter. There were no rectal spmptoms. In the right lateral fornix, there was extreme tenderness, and movements of the uterus caused pain. When the abdomen was opened, 48 hours after the onset of her illness, the cavity was found to contain free milky fluid, the appendix hanging entirely over the pelvic brim. It is the cases, which remain limited to the peivis, or which eventually localise there, that are attended with the most characteristic symptoms. A young man of 21 was sent to see me with a view to removal of his appendix. For some three months, he had been bothered with slight abdominal pain, but no acute illness until two weeks before I saw him. He then had a very severe attack, so severe that he shouted with the pain across the lower abdomen, vomited, shivered, and perspired. There was slight pain at the end of micturition, and it hurt to pass wind. After a day or two, the pain moderated but did not entirely cease. In the right iliac fossa, slight tenderness could be elicited, and per rectum a tender mass was easily felt. I removed the appendix, which lay on the right wall of the pelvis, the tip almost reaching the bottom of the recto-vesical pouch, where it was very adher t There was no abscess, but the matting of the intestines around the appendix clearly showed that there had been severe pelvic peritonitis. In this case, the rectal examination made one confident that the appendix lay there, and was the cause of the symptoms.

It is this kind of case, occurring in women, which gives rise to so much difficulty in diagnosis, for there is often considerable doubt whether the appendix, or the Fallopian tube, is at fault. Even if it were possible to settle this point, the difficulties would not be at an end, for the trouble may spread from the appendix and involve the tube.

3. The severe Cases with Abscess.—There are at least three principal varieties of pelvic abscess depending on appendicitis.

a. Primary; when the appendix lies in the pelvis, and an abscess forms around it.

b. Secondary; when an abscess forms in the pelvis as an extension from one in the right iliac fossa.

c. Residual; this may either result from the localisation of the septic exudate, in cases recovering from a general septic peritonitis, or may be the result of suppuration in the pelvis following operations for appendicitis.

As regards their relative frequency, out of 30 cases operated upon by rectal or vaginal incision, and of which I have records, 13 were primary, 3 were secondary and 14 residual, of which 3 followed general septic peritonitis, and 11 operation. In the typical cases, the pus collects at the bottom of the pelvis, and floats the intestines up, for such abscesses are beautifully roofed in by the omentum and matted intestines, so that those of large size have a dome-shaped roof. In the female, the uterus, broad ligaments, and vagina are usually anterior relations of the abscess, unless the latter is exceedingly large, when the uterus and appendages may be submerged in the collection. Of course any of the parts in the vicinity may take a share in the formation of the abscess wall, and a case has recently been recorded, where an ordinary ovarian cyst helped to roof in a pelvic appendicular abscess. In those abscesses, which reach the pelvis by extension from the right iliac fossa, or from the general peritoneal cavity, there may be small intestines between the abscess and the bottom of the pelvis, at some stage of their development. In a patient, who died after an abdominal operation for pelvic abscess, I found the pus had not reached the bottom of the recto-vesical pouch, and was in

contact with the rectum about 1½ inches above that point. In front the right half of the bladder formed its wall, and the vesical mucous membrane, opposite the point of contact, was distinctly œdematous and reddened. The collection was roofed in by part of the lower ileum, some coils of the middle of the small intestine, the overhanging cæcum, and the omentum. But such abscesses eventually reach the bottom of of the pelvis, floating up, or displacing, the intestines unless the latter is adherent. The quantity of pus varies within wide limits, some hold as much as two or even three pints; but the usual quantity is between 10 and 20 ozs. No estimate of the size of these abscesses should be attempted until the bladder has been emptied by catheter, and a bimanual examination made.

The onset of these cases may be sudden, or gradual, and, in some, it is so insidious as to lead to the diagnosis of dyspepsia, or simple colic. The pain is usually at the umbilicus, or below it, and is quite often just above the pubes, and is better marked there than on either side. In the early stages, there is often tenderness and rigidity of the lower part of the abdominal parietes, and if a rectal examination is made, extreme tenderness can be elicited by pressing on its anterior wall. Micturition may be painful, or there may be retention, especially if the patient is confined to bed. The temperature is elevated, and the pulse correspondingly quick; but the rule is the same as with appendix abscesses elsewhere, viz., that the temperature is highest before localisation takes place, that it gradually comes down to a little above normal, or even normal, and that it only re-ascends, should the abscess begin to extend, or to seek its way out. In cases of pelvic abscess, the temperature is not as a rule very high. The pulse remains a little quick, even when the temperature is normal, or near it. The pain is of three kinds, that due to the peritoneal inflammation, that due to exalted peristalsis, and that associated with the tenesmus. The first is not peculiar to this variety of appendicitis, the second commences as severe colicky pain in abdomen, often brought on by the taking of food, and is associated with rumbling, and in the latter stage this colic merges into a spasm of rectal tenesmus. The bowels are usually constipated, and there may be so much difficulty in passing flatus that a certain amount of obstruction may be said to exist. In other cases, and in late stages, there may be looseness of the bowels, Nature's effort to rid herself of the pus, and I have more than once seen a pelvic abscess emptied during an attack of diarrhœa. When the abscess points into the rectum, the tenesmus and passage of mucus are most characteristic symptoms.

On local examination there is usually a doughy mass felt above the pubes, it may reach the umbilicus, but is more commonly like a moderately distended bladder. Of course such a swelling depends on the size of the abscess, and may be entirely absent, but, even with a very small collection, it is usual to have a curious sense of resistance above the pubes. The occurrence of visible peristaltic movements over the swelling may demonstrate that it is covered by intestine, but percussion will settle the matter, for it is only in very large collections that there is dulness. Part of the swelling may be produced by distension of the bladder; but the passage of the catheter will at once show how much this has to do with it. There may, in addition, be masses in either iliac fossa. On rectal examination, the anus is often found patulous, the mucous membrane is congested and œdematous, and a rounded tender mass is felt above the prostate, in the case of a large abscess bulging the rectal wall back towards the hollow of the the sacrum. Bimanually, the two swellings are found to be continuous, and fluctuation may occasionally be made out. Abscesses, primary in the pelvis, may extend up towards the abdomen, and when they reach the pelvic brim, they travel, via the gutters, on either side of the cæcum and colon. These extensions may be very readily felt from above, and for some time after the collection has been drained per rectum. In one case, that I watched, such a mass took 17 days to disappear.

The secondary pelvic abscesses are due to an extension from an abscess on the outer side of the cæcum, they creep down the right wall of the pelvis, and gradually fill up the recto-vesical pouch. Such extensions are really very common in a small way, but are only discovered on operation; and it is only occasionally that the secondary collection becomes so large as to attract the most attention. Should this happen the pelvic abscess may for a time entirely mask the trouble in the right iliac fossa, and sometimes after draining such a pelvic collection per rectum, it is necessary to open the original abscess from above. As a typical example of secondary abscess, I may quote the case of a man of 32, sent to the infirmary as an appendix abscess. He had been ill for nine days, and, during the last three, there had been difficulty in starting micturition, with pain during the act. On the morning of admission, he had retention, necessitating the use of a catheter, but there were no rectal symptoms. In addition to the lump in the right iliac fossa, there was a hard, tender mass on the right wall of the pelvis; but it did not bulge into the rectum. The operation was conducted through an oblique incision in the right iliac fossa. The appendix lay coiled in such a way, that the convexity of the loop, which it formed, lay just on the pelvic brim. At this point, there

was a perforation, so that whatever escaped from it flowed straight down by the right pelvic wall. Near its base, there was another perforation, which accounted for the abscess in the iliac fossa. The two collections were directly continuous; both were drained from above, the patient making a good recovery.

In a very unfortunate case, which I recently saw in the post-mortem room, three days after an operation for an appendix abscess, as much as half a pint of pus was found completely shut off in the pelvis, and this had been entirely overlooked. There were no signs of general septic peritonitis, and no pus in the hepatic pouch, and as the appendix lay on the outer side of the cæcum, it was fair to assume that the pelvic abscess was an extension.

The residual abscesses are the most interesting. It is now generally recognised that patients may recover from general septic peritonitis, and that many of them do so by the localisation of septic material as residual abscesses. These collections may form anywhere in the abdomen, but they are commonest in the "ponds and gutters" of the peritoneal cavity, of which the principal are the loin-pouches, over the right lobe of the liver, around the spleen, the lesser sac, and the pelvis. The abscesses may be multiple, and a patient, who has weathered the stormy sea of a general infection of the peritoneum, may succumb to septic absorption from localised collections; but even the worst cases may recover,

So far as we are concerned, pelvic abscess from this cause may occur alone, or be associated with any of the other varieties, and it is not at all uncommon to find a large abscess in the pelvis, associated with one over the right lobe of the liver, in a patient so far recovered from a general septic peritonitis.

I give one illustrative case. The patient was a boy of 15 who had often suffered from mild attacks of appendicitis. He was in his usual health until six days before admission to hospital, when he was seized with pain, diffused over the whole abdomen, but worse at the umbilicus. On the next day, the pain was so bad that he could not sleep, and on the following day he had most acute pain, lasting from noon until late evening, when the severe pain passed off, becoming localised as a dull aching in the right flank. During this day, he vomited. On the next day at 3 a.m., he was awakened by a worse attack of pain, which started in the right iliac fossa; he was "doubled up" and vomited. All the week, he had pain on defæcation, and on the last two days frequent painful micturition, and severe night sweating. On admission to the hospital the boy looked exceedingly ill, the abdomen was tender and rigid, and the question of immediate operation was raised. Next morning the case presented an aspect so different from that of the previous evening, that those, who saw him then for the first time, wondered how so serious a view could have been taken on the previous day. Nine days after the onset of his illness, he appeared to be in very good general condition, and presented only the clinical features of a large pelvic abscess. This was opened per rectum under an anæsthetic, and it was remarked at the time how safe a proceeding this was. Within a few hours the boy was dead. At the necropsy I found comparatively large collections of pus here and there among the intestinal coils, there was pus in the hepatic pouch, and a big collection over the right lobe of the liver.

This interesting subject has been dealt with in previous papers by Mr. Rutherford Morison, Mr. H. L. Barnard, and by myself.

The other variety of residual abscess is equally important It occurs after operations for acute appendicitis, or appendix abscess in the right iliac fossa, and is either due to the subsequent suppuration of a collection of serous fluid, such as is often met with in the pelvis in acute cases, or it arises from the extension of a septic focus, often seen at the primary operation, where lymph and a little pus are found on the small intestine occupying the pelvis. For instance, a young man of 27 was operated upon at the conclusion of the third day of an acute attack. The appendix lay in the sulcus, on the outer side of the cæcum; there was very little pus, but a good deal of œdema and lymph. There was some clear fluid in the pelvis, which was not purulent. The appendix was removed, and the area drained with gauze. After the operation the condition of the patient was never quite satisfactory. He was depressed, had a dirty tongue, and could not sleep. About the 12th day, he began to complain of rumbling in the bowels. On the morning of the 14th day, the symptoms were like subacute intestinal obstruction, but the bowels were well moved after castor oil. An indefinite mass was detected in the lower abdomen, and per rectum a tender bulging swelling could be felt rather higher up than usual. Under an anæsthetic, the mass in the rectum was punctured, and gave vent to about a pint and a half of most foul pus, After this, he made an immediate and complete recovery. It is interesting to note that, with all this pus in the abdomen, the temperature was never above 100, and, on the morning that the abscess was opened, it only reached 97·6. Similarly the pulse only varied between 76 and 80. Pelvic residual abscesses, after operations for acute appendicitis, do not always form in this situation in the first instance, and I should like to refer here to a class of case where they occur among the coils of the small intestine, and eventually find their way into the pelvis. I operated on a boy

aged 10 just 12 hours after perforation of the appendix, and 48 hours after the first symptom of any abdominal trouble. The appendix lay in the pelvis, it was gangrenous and perforated. There was purulent fluid around it, and the adjacent coils of small intestine were lymph covered. I mopped out the fluid, and took great pains to have both gauze and tube drain carried well into the pelvis. Nevertheless, the probability of intestinal obstruction, or pelvic abscess occurring, was discussed and borne in mind. Exactly one week after this operation, I was called upon to open the abdomen for acute obstruction, several coils of the ileum having become adherent in the pelvis. From this operation he recovered as well as before, but, after eleven days had elapsed, I was again asked to see him. He complained of colicky pains in the abdomen the temperature had gone up 110. The median incision, though healed, looked a little red, and just beneath it a rounded tender mass could be felt, over which the intestine was seen contracting. Per rectum, the mass could not be reached. During the next four days, the abscess gradually extended towards the rectum, where it burst, with complete relief of all symptoms

Pelvic abscesses, following appendix operations, usually occur at any time within the 18 days following the primary operation. In a series of 11 cases, the average period was just over 11 days, the shortest interval was 5 days, and the longest 18.

This series of 11 cases occurred out of a total number of 30 cases of pelvic appendicular abscess, operated upon by rectal, or vaginal, drainage; but this is a comparatively small number if we bear in mind the total number of operations for acute appendicitis—probably 500—which have furnished the 11 examples of this complication.

As a rule there is no difficulty in determining the presence of such an abscess, for the symptoms are as typical as in primary cases but this is not always so. The temperature is not a very trustworthy guide, but if it keeps irregular, or, after a few days, commences to go steadily up, and there is nothing about the wound to explain it, then a pelvic abscess should at least be eliminated by careful examination.

In cases which subsequently develop these abscesses, the patients have often never been right after the appendix operation. One man could never sleep; another had a persistently dry tongue, and, in a third case, a boy, who was peevish irritable, and had tempered, became the very model of a good patient after the incision of such an abscess two weeks from the time of the first operation. Trouble with the bowels is often the forerunner. The patients have slight colic with much rumbling Sometimes the original incision breaks down, and very commonly, it becomes angry looking and œdematous.

4. The Cases with unusual Features.—Occasionally, in cases of pelvic appendicitis, the symptoms and signs point more to an infection of the cellular tissues than to those of intra-peritoneal abscess. What the features are which characterise a pelvic cellulitis due to the bacillus coli communis I do not know. I am however familiar with a class of case in which there is much local pelvic pain but without marked bladder or rectal symptoms in which the temperature is high 102 or 103 and in which the rectum is surrounded with very hard exudate without much tendency to abscess formation. The temperature comes slowly down and the hard exudate more slowly disappears.

In one or two such cases that I have seen a needle has been thrust into the exudate without finding pus. All these cases have recovered and in two in which the appendix was subsequently removed no light was thrown on the condition.

But nearly all the examples which come under the head of those with unusual features are more or less chronic cases and a small pelvic abscess at the bottom of the recto-vesical pouch, seems particularly prone to give rise to difficulties in diagnosis. When the cases are analysed, they mostly fall into two groups; those with rectal symptoms as the most prominent feature, and those in which the bladder is principally affected.

Mr. Gilbert Barling records several cases where the presence of a pelvic abscess was not at first recognised as the cause of the symptoms from which the patients suffered. In the case of a gentleman of 40, the principal symptoms were pain in the rectum, painful defæcation, and difficulty in emptying the rectum, with some bladder irritability. The bowel symptoms were so pronounced that the condition had been diagnosed as colitis, before Mr. Barling saw him; but they did not disappear until a pelvic appendicular abscess, containing 3 ozs. of pus, was opened and drained. In another case, which I had the opportunity of seeing, the symptoms were of a more chronic character, and a mass could be felt from the rectum which so strongly suggested a malignant growth in the sigmoid flexure, that the abdomen was opened under this supposition. The appendix lay in the pelvis, adherent to the posterior and right walls, and with the last 12 inches of the ileum inflamed and softened, closely bound around it.

If we again appeal to Mr. Barling's paper, we find an excellent example quoted of a medical gentleman, who suffered from a pelvic appendicular abscess. His illness began with

most intense pain in the abdomen, shooting down into the testicle and penis, and causing faintness. This was supposed to be renal colic, and, when later, it was followed by frequent painful micturition, the stone was supposed to have reached the bladder, and the patient was sounded under an anæsthetic. As no stone was found the troubles were brought to be possibly due to tubercle. A prolonged holiday caused improvement all round, but the irritability of the bladder returned, and it was only after a pelvic abscess had been drained that the symptoms were relieved.

In all these obscure cases, it is most important to go very carefully into the history, for, as a rule, the story of some acute attack can be elicited, and is a valuable guide.

In the conduct of the pelvic examination, there are a few important points which must be born in mind. The rectum should be selected in both sexes, for by it the most information can be gained as to the condition of the recto-vesical, or recto-vaginal, pouches; but in women, whenever possible, it ought to be supplemented by vaginal examination. It is important to direct the patient to discriminate between any pain associated with the introduction of the finger, and that produced by touching the parts inside. It is because the patient can give valuable help in this way that the examination is most useful when conducted without anæsthesia. Of course the rectum should be empty but more especially the bladder. The finger can appreciate the presence of fæces but very careful observers may be misled by a distended bladder and it is most likely to be met with in just those cases where a pelvic abscess is suspected. Even when an abscess is present, its true proportions are masked by a full bladder. Further, the urine ought to be drawn off by catheter, for patients with pelvic peritonitis, even if they are able to micturate, may not be able to empty the bladder completely.

The value of bimanual examination in both sexes, cannot be overrated, for it is especially of service in those cases where an abscess, among the coils of intestine, is finding its way down to the pelvis, or where pus is creeping down the right pelvic wall from the iliac fossa. Without very careful local examination, it is important not to rely too much on the occurrence of pelvic symptoms. Retention of urine may occur in many acute abdominal diseases, and I have seen it with gall stones colic. Similarly urinary symptoms may occur in cases of non-pelvic appendicitis, as in that of a woman of 32, who had painful frequent micturition, but in whose case the appendix was found adherent in the subcæcel pouch.

Mr. Lockwood puts the matter clearly, when he says that, in cases of appendicitis, pain, greatest towards the end of micturition, with tenderness on rectal examination, is evidence of inflammation of the pelvic peritoneum, but not conclusive evidence of the presence of the appendix in the pelvis. But the converse is entirely true, and I have seen two cases of well-developed abscess in the recto-vesical pouch, in which there was not a symptom to direct attention to that part; hence the need for routine pelvic examination.

Intestinal obstruction as a complication, or Sequel, of Pelvic Appendicitis.

Obstruction in association with appendicitis may occur as set out the following classification:—

1. Obstruction due to appendicitis, or its results—
   a. During an acute attack.
   b. During convalescence, or after operation for acute appendicitis.
   c. In the recurrent cases.
   d. At some period remote from the acute attacks.
2. Obstruction produced by the appendix without appendicitis.

I have never seen a case of acute mechanical obstrunction in the early stages of a pelvic appendicitis. In very many of the abscess cases, especially in those of large size, one of the prominent symptoms is a certain amount of intestinal obstruction, which is partly due to the inflammatory involvement of the intestine, which roofs over the abscess, and helps to form its wall, and partly to the actual pressure of the tense abscess on the rectum. There may be a great deal of distension; the patients have rumbling colicky pains, and the exalted peristaltic movements can be painly seeo through the belly walls. There may be inability to void flatus, and some vomiting; but I have never seen a case which did not yield, for the time being, to a dose of castor oil, or a turpentine enema.

Cases coming under the second head (b) are not at all uncommon, and one of the best examples has recently come under my notice in a patient under the care of Mr. Rutherford Morison. This was a big powerful woman of 35, who was admitted to the infirmary exceedingly ill, with a large pelvic abscesses extending up into either iliac fossa. The appendix was removed from above, and the abscess in that situation opened. At the same time, a large quantity of pus was evacuated through a vaginal incision. At first, the patient made a very good recovery. At the end of a fortnight, the vaginal drain was removed, and the incision in the abdominal wall was nearly sound. Just five weeks after operation, this patient suddenly developed acute intestinal obstruction, necessitating a prompt resort to laparotomy. The obstruction was found

in the pelvis, where several coils of the small intestine were adherent, the last piece to be separated was fixed by its convexity to the very bottom of the pouch of Douglas, where there is a small collection of pus. This loop was so much torn that it had to be resected, an end-to-end anastomosis being made. The patient made a good recovery, and, a year after the operation, was in every way sound. Obstruction occurring in such cases seems to be due to the shrinking of the abscess, which carries the intestine down to the bottom of the pelvis, where it becomes adherent and kinked. But the pelvis is a fruitful source of obstruction apart from abscess in it, by virtue of the readiness with which septic fluids are liable to find their way into it.

The pelvis is again the commonest seat of the obstruction, in cases coming under the fourth head (d), and the following example which I recorded in a previous paper well shows the sequerce of events.

A female, of 40, had an appendicular abscess opened, and drained in March, 1900. During convalescence, a purulent collection was opened, and drained per vaginam. She remained well until December, 1903, when she developed acute intestinal obstruction. Death occurred some days after enterostomy had been performed. At the necropsy, a large loop of small intestine was found strangulated under a band formed by adhesions in the pelvis at the site of the old abscess.

TREATMENT.

In the cases that come under the head of interval operations, the only difficulty is in reaching the appendix when deeply fixed in the pelvis. When free from adhesions it can rapidly be hooked up through any incision, but in other circumstances a proper exposure is of paramount importance. The oblique incision in the iliac fossa, parallel to the outer end of Poupart's ligament, gives an admirable exposure, and is very well suited for drainage, should it prove necessary. The incision, with displacement of the lower half of the right rectus, or through the middle line below the umbilicus, gives a a very good exposure, but it should be necessary to drain it is inconvenient, for the drainage is uphill, and leaves a weak spot in an awkward part of the abdominal wall. In some cases, the Trendlenberg posture is of great assistance. In the case of pelvic abscess, the question comes to be one of abdominal versus pelvic drainage. The records of operations by the abdominal route themselves condemn the method, while those of the alternative route show it to be safe and satisfactory.

Mr. Rutherford Morison has recorded the case of a lad of 18, who came to the Newcastle Infirmary in May, 1900, suffering from a pelvic appendicular abscess. This was opened and drained through a median abdominal incision. The parts about the cæcum were so much adherent, that it was considered unwise to search for the appendix, yet a fæcal sinus developed, and an abscess reformed, and burst into the rectum during convalescence.

Even Mr. Edmund Owen, who wrote a paper on "The Treatment of Appendix Abscess in the Recto-Vesical Pouch," on purpose to vindicate the abdominal route, has to admit, "Though the peritoneum showed itself proof against infection by the bacilli coli, the surface wound became infected about a fortnight after the operation, and so severe was the attack of cellulitis caused thereby, that some large branch of an artery in the epigastric region burst out bleeding on two occasions, and the patient was near dying from secondary hæmorrhage." The only thing in favour of the abdominal route is the possibility of removing the appendix at the time the abscess is opened; but again both the hospital records, and published cases, show that this is often impracticable through a median incision. The search for an appendix densely adherent in the pelvis, had much better be left, until it can be carried out as an interval operation. The most comprehensive records with which I am acquainted are those of Rotter, which I have culled from a review of his excellent paper. In 132 operations for appendicitis he had 41 pelvic abscesses to deal with, and he is able to record the results of 44 operations. Nine abscesses were opened by laparotomy with 3 deaths; 9 by vaginal incision with 1 death, viz, a patient who also had ileo-cæcal and subdiaphragmatic abscesses, which required subsequent operations. Eleven by a perineal incision, with 1 death; a case where the abscess was found to communicate with the peritoneum. Fifteen were opened per rectum; all recovered, though 8 were complicated by ileo cæcal abscess, and 3 by abscess over left Poupart, which required subsequent operations. It has been urged that there is a danger of wounding the small intestine or the bladder, accidents which are supposed to lead to fistulæ. I have never seen the intestine injured, nor have I heard of it occurring, but it might, if an operator essayed to open an abscess in such a condition. But this accident will not occur, if care is taken in the selection of cases, for only those are ready for rectal or vaginal incision, which definitely bulge into the bowel.

It is well to bear in mind that, if a pelvic abscess has once been opened per rectum, the small intestine will probably have been carried down to the bottom of the pelvis, and become adherent there. In these circumstances, should a second abscess form, the gut might not be able to find its way out of the road, and would be in danger of being wounded by a rectal

incision. But such an abscess would probably not point into the rectum, but track up into the iliac fossa.

Some surgeons give no anæsthetic, but unless the abscess is actually on the point of bursting, I think it is better to do so. When once the patient is under the anæsthetic, the utmost gentleness must be observed, lest the abscess be unwittingly burst, possibly, into the general peritoneal cavity. The patient is placed in the lithotomy posture, with a pillow or sand-bag under the pelvis. The bladder is now carefully emptied by catheter, and those who are not very familiar with the operation, had better use a metal instrument, which can be left in the urethra as a guide. After cleansing the anus, it is a very good plan to pass one of the shortest of Kelly's rectal specula, which brings one at once to the bulging abscess. An exploring syringe demonstrates the presence of pus, and, with the sinus forceps, the opening is enlarged. Drainage is best provided for, by a rubber tube half an inch in diameter, passed for about 2 inches into the cavity, and allowed to project about an inch beyond the anus to which it is fixed by a catgut suture. It is not necessary to irrigate the cavity. During the next few days, it is better to keep the head of the bed raised. The tube can usually be removed within a week and most of the patients have been able to leave the hospital in from 12 to 14 days.

When the abscess is secondary to one in the right iliac fossa, the treatment varies a little. If the pelvic abscess is definitely bulging into the rectum, then it had better be opened there. This may suffice to drain the collection in the iliac fossa, and if this is so, the appendix can be removed at the end of a few weeks, or left pending further trouble. In those cases, where the pelvic abscess does not actually bulge into the rectum, and therefore could not be safely drained by that route, the operation must be performed from above. Drainage of the pelvis can usually be affected by a large rubber tube, carried well over the brim, and surrounded with gauze, the patient, during convalescence, being kept turned towards the affected side. In such cases, a sharp look-out must be kept for a residual abscess during convalescence. When an unsuspected collection of pus is found at the bottom of the pelvis, the abdomen having been opened in the right iliac region, the question of combined drainage arises. In females, I have very often seen this successfully carried out, an opening being made into the vagina.

The Question of the Removal of the Appendix.

If the pelvic abscess is a stage in the recovery from a general septic peritonitis, then the patient ought not to be allowed to run the risk of the recurrence of so serious an illness, and the appendix should be removed before leaving hospital This may be safely performed, two or three weeks after opening the abscess. If in any of the other cases a tender mass, or nodule, persists in the right iliac fossa or per rectum then the appendix should be removed. In those cases, which make a complete recovery, after the abscess has been drained, the question of the removal of the appendix turns on the liability of recurrence, and it has indeed been said that the risk is greater in the pelvic cases. It is I think, a very safe rule to advise a patient to come back for removal of the appendix, if there is the least return of his former trouble.

I am much indebted to those members of the surgical staff of the Royal Infirmary, in Newcastle-upon-Tyne, who have given me permission to use the records of their cases, and to Mr. W. G. Richardson, assistant surgeon to the Infirmary.

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SYPHILIS IN CHILDREN.

BY LUDWIG WEISS, M.D.

In dealing with the syphilis problem in children, one is constrained to touch at least cursorily on syphilis in the adult. It is the syphilis in the parent which transmits itself to the offspring and which causes all the misery in the tainted newborn. Among the triad of human scourges—tuberculosis, alcoholism and syphilis—the last one would prove the most devastating, if statistics could be made available as in tuberculosis. The contagion of tuberculosis is tied mainly to the expectoration and only in a minor way to contact The tuberculosis patient, well trained in his behavior by the very efficient crusade of latter years, is a safe companion, relatively speaking. If he takes care of his sputum, using one or the other of the many devised spitting receptacles, which he afterwards consigns to the fire, and if he attends to his personal cleanliness, then he is a menace to none. Besides, the degree of contagiousness of the tubercle bacillus is one of a very slow intensity. In comparison to it syphilis is of a threefold disadvantage in reference to its spreading capacity. Its contagion is one of high intensity, its spread is connected with the most irresistible of instincts, its contaminating possibilities are more varied and manifold.

The number of cases of acquired syphilis in children is insignificant in comparison to the number of cases where the syphilitic taint has been inherited from the parents. The manifestations of inherited syphilis may appear in utero or show themselves immediately or soon after birth; or less frequently, at a remoter period of life, say from the second to the twenty-eighth year, but with predilection between the sixth and eighteenth year. In this latter event we call the conditions retarded hereditary syphilis. Here we vainly look for a primary lesion as an entrance of the poison; here the manifestations at once appear genaralized.

As to the mode of transmission there are naturally different possibilities which play a decisive role as to the course of the disease and the fate of the child.

1. Direct infection of the healthy mother by a diseased father, one having florid secondary symptoms (chancre, mucous patches, erosions on the genitals), causing in the mother the same kind of lesions. The child procreated in this case will then descend from parents which are both syphilitic and will then have the curse of a double inheritance in its system. This is equal to a death sentence, as such a child usually dies in the womb and is aborted by its mother.

2. Direct transmission of the syphilitic taint through the infected sperm of the father, the mother being healthy. In this case the semen infects the ovule of the healthy mother. The infection takes place at the moment of impregnation. This mode of infection is called the spermatic or germinative infection. In it the mother may remain well and the child also often escapes. Fournier states paternal heredity to be 38 per cent; that is, out of a hundred men affected with secondary syphilis, 38 procreated syphilitic, and 62 procreated apparently healthy children. In this event abortions will take place at a somewhat later date, or there may be a still birth, or, if the child is born at the normal term of congestion, it soon succumbs from lack of vitality. It is maintained that the presence of the infected fœtus in the womb makes the mother immune against syphilis by the absorption of toxins in her system elaborated by the fœtus. This is the so-called choc en ratour. Such a mother may suckle her child without fear of infection, when a strange wet nurse would surely become infected. This is the essence of Colles's Law.

Another possibility in this intricate matter is the effect of maternal heredity on the child. In this case the healthy semen of the male impregnates the syphilitic ovule of the female—ovular infection. The taint originating from maternal source is more disastrous to the child than paternal heredity. Fortunately this occurs very rarely. In five hundred marriages recorded by Fournier the husband brought syphilis into wedlock 487 times, while the wife contributed only thirteen times, a proportion not quite three per centum, reflecting favorably on the morals and continence of the women belonging to the broad milieu of citizens' families.

3. The third condition, which by no means exhausts all the possibilities, is the infection of the fœtus when the parents were healthy at the time of impregnation and infection of the mother has taken place during pregnancy. This eventually has been called post-conceptional syphilis. In this case the child has received its infection, the source of which may come from either parent—from its mother by way of the placenta. By treatment of the parents, or when by lapse of time the poison becomes attenuated, viable healthy children may follow. Such healthy-born children who have escaped infection are immune during their life against acquiring syphilis (Profeta's Law).

After this cursory review, the too minute detailing of which would obscure the topic to the non-medical members of our Society. I will dwell upon the symptoms of inherited syphilis in a generalizing way, exemplifying conditions as they usually appear in practice. A man marries while his syphilis is yet in a florid state, the blissful event is consummated by his infecting his wife who becomes pregnant. The child will either die in the womb and will be aborted, or miscarried as a

macerated, doughy, parody of a human form. Thirty-three per cent. of cases do so. An irrelevant cause is attributed to this mishap and strong hopes for the future are entertained. At a second pregnancy abortion again takes place, but this time in a later month; or a dead, or perchance a live, puny child is born with syphilitic attributes which soon dies. Another instance: the birth of a live child is made possible by treatment which the husband has undergone meanwhile. If his infection is yet a very recent one or the treatment inefficient, the child will be born with the marks of inherited syphilis. It will show a bullous skin eruption—pemphigus—either on the hand and feet alone, or over the whole body; there will be cracks and fissures on the lips and around the mouth and nose; it acquires the snuffles, preventing it from suckling. The child is withered, senile looking the skin redundant, as if too large for the emaciated body, its head out of proportion, and the skull bones gaping—the child whimpers instead of the customary lusty crying, and whines its little life away starving and stuporous. Twenty-five per cent. of such children die within a few weeks. What an awakening of the parents from the dreams for a happy future, to the dire and cruel presence, an appalling situation.

Again' the child may be born in a fairly good condition, the goal of a happy expectation has been reached. It is somewhat frail and delicate, but it suckles bravely and sustains its life. But an inherent weakness counteracts its efforts. At a close examination a spasmodic contraction of the flexor muscles of the extremities will be noticed, called "myotony of the newborn" by Hochsinger. The knees and elbows will be found in a flexed position, the upper arms spasmodically pressed against the chest, the toes drawn backward, the hands forming a fist, with the wrist bent downward, producing the so-called paw position. This contraction disappears on anti-syphilitic treatment. But in spite of all efforts the child fails and dies suddenly, apparently without cause. The sudden demise in itself is characteristic. In yet another instance such children are viable enough to fight the battle against the inherited taint. These are the children afflicted with what is called retarded inherited syphilis. They may reach their second or third year without any symptoms. They may reach the period of second childhood, of adolescence, and may even grow up into manhood or womanhood, the inherited taint appearing in some of these epochs. It is maintained by Fournier and others that inherited syphilis is capable, just as the acquired to cause manifestations up to mature age. In any of these epochs tertiary manifestations and parasyphilitic symptoms may, and do, disturb the supposed peace which, alas, has proved to be only a treacherous armistice.

A composite picture of a syphilitic child, or adolescent would probably look as follows: Externally these children are recognizable through congenital weakness. The tainted newborn and suckling infant will now be found much improved. In his strenuous battle for survival the child has got-on, rid of a great many of its shortcomings. It looks now fairly well nourished, his intellect is up to the average, but its whole make-up reflects a physical weakness. Its skin is dry and thin, subcutaneous fat-deposit scanty, a bluish net of veins is visible on its head, especially on the temples, chest and abdomen. The head formation is at once recognized as one out of the ordinary. It may vary from a slight enlargement only to an overdistension of some part of its skull. There may be a protrusion of its frontal bones, over shadowing the eyes in a convex dome-shaped manner. In other instances the head is enlarged in its side aspects, bulging out over both ears with a network of veins shining through the thin skin of the temples. It is a striking picture, such a head, lending the face a senile wise-looking aspect. It causes the face to look narrow and elongated framed in by a superimposed roof formed by the broad enlarged skull. The forehead fontanel is found wide open and gaping and under high tension from the accumulation of fluid in the ventricles of the brain (hydrocephalus) the pressure of which, there and in the spinal canal frequently causes convulsions, spasms and other symptoms of the central nervous system. Or the fontanels close too rapidly, the child's head remaining small (micro-cephalus), and its development arrested. A further examination, if the child survives, will show some trouble in its long bones. One or more of the fingers may assume a spindle form, due to a puffy swelling of its bones and joints (dactylitis syphilitica). The contours of the bones of the forearms will be found enlarged at their juncture with the wrist joint. The joint imparts the sensation of looseness, and can be bent far back over the wrist. But the point of predilection is the tibia, in 70 per cent. of cases it becomes enlarged in its middle half through and over-production of bony material, forming a convex protrusion in its front aspect, causing the shinbone to look like a curved scabbard. Or the junction between the shinbone shaft and its soft cartilaginous capping (epiphisis), where it joins the knee joint, becomes separated by a rarefying and softening inflammation, depriving the shinbone of its ability to carry the weight of the body. Such a child walks as if paralyzed, if it can walk at all (pseudoparalysis of Parrot).

The inner organs, one or several, are always affected in inherited syphilis. Their involvement at such an early time is the rule here, while in acquired syphilis they become affected at a later date. Foremost in frequency is the structural in-

volvement of the liver, causing the almost fatal jaundice of the newborn. The lungs may be so diseased as to make sufficient breathing impossible to support life. The kidneys may prove insufficient to act in a proper way, causing suppression of urine. Affections of the brain will blight the child's intellect, lesions of the eye be the cause of impairment of vision. Every organ may be infected, especially during development. The syphilitic taint may break out in the second childhood or adolescence, with decay (necrosis) of the palate, of the nasal bones, perforation of the soft and hard palate and other facial deformations. There exists quite an array of other symptoms which help to establish the recognition of inherited syphilis, and complete the so-called syphilitic countenance. These manifestations are looked upon as development defects, brought about by the devitalising; disintegrating and deteriorating influence of the syphilitic virus. These defects in development, called distrophies, consists in imperfections, abnormalities, arrested formations, of monstrosities, infantilism and idiocy. The syphilitic taint forms a very efficient nutrient medium especially for rickets and scrophulosis. Such children are prone to become affected with the tuberculosis of the lungs as well as of the brain, they are apt to acquire lupus and other scrophula-tuberculous joint and bone affections. One of the most striking manifestations of the syphilitic countenance are the so-called. Hutchinson teeth, a peculiar deformation in the shape of the two central incisors in the upper jaw of the permanent set. They are not only found in children or adolescents, but also in adults up to the twenty-fifth year. The milk teeth do not show this typical deviation in form, although Fournier maintains that the first set of teath may also show this same deformity. These so-called "test teeth" are transparent, chalky, often ill developed and small, narrower at the free border than on the base and hence wedge shaped. They rarely grow parallel, but converge slightly, and show a broad semilunar notch on their incisor surface. These teeth are the most reliable symptoms of the hereditary syphilis forming the so-called triad of Hutchinson. The other two are interstitial keratitis and labyrinthian deafness, that is a deafness caused by the involvement of the acoustic nerve. A deafness without an accompanying inflammation, and which in forty times out of 212, according to Fournier, that is in 22 per cent., has proved incurable. To complete the description of this unenviable ensemble, I will mention yet the convergent creases around the lips and angles of the mouth resulting from old fissures and cracks, chronic nasal catarrh, ill-developed nose, broad and flat at the bridge (Mongolian type), deaf-mutism, of which next to scarlet fever hereditary syphilis is the most frequent cause, and a general fragility of physique, striking enough to recognize the taint to those who know to read the signs. I desire to draw your attention in a fragmentary way only, to the manifestations of inherited syphilis of the nervous system. The skin manifestations, with their hideous monstrosities, which appear in 28 per cent, of cases, complicated by destructive bone lesions, ostracising the poor victim from society and encroaching upon his earning capacity, are superseded by the dire consequences arising from the involvement of the brain and spinal marrow, which, although affected less often, are extremely dangerous. Here the intellect suffers or is wiped out, the highest attribute of mankind has departed. It is also in a social, educational and legal aspect of these nerve manifestations which make their influence of paramount interest.

According to Rumpi the nervous system participates with thirteen per cent. in the symptoms of inherited sypnilis. In forty-three syphilitic marriages collected by Julien there occurred 206 pregnancies, 162 children remaining alive. One-half of these surviving, 162 children had meningitis and convulsions. In Fournier's statistics of 212 cases, the brain was affected 42 times. The symptoms of nerve syphilis can be condensed as follows: headache, vertigo and vomiting, epileptic attack, causing convulsions which may be entire or half-sided, paralysis, disturbances of co-ordination like in St. Vitus dance (chorea), and defects of intellect up to complete idiocy. The vacillating intensity of these symptoms from better and worse is a characteristic of the inherited syphilitic taint. Obstinate, especially nocturnal headaches, in children and adolescents. If there are nausea and other nervous sensations present should put the physician upon the track for the search of syphilis. If, with or without these symptoms, the children show a restlessness, or fall into convulsions on trivial causes, or get spasm of the glottis—a very dangerous condition to which they occasionally succumb—or have an irritable character, are wrathful, passionate, capricious, wilful, stubborn, or exhibit unwarranted cruelty, one should think of the inherited taint. With one or more of these symptoms may be associated, when schooling time comes, inattentiveness, lack of concentration, indocility, lack of intelligence, which is taken for stupidity, stubbornness and wilful negligence, which is punished unjustly. Here is a wide field for our educators for contemplation, untrodden paths in the mysterious domain of diseased brain cells, presenting their baneful influences, are to be explored. Here the physician has to step in and assist and enlighten the educator, parents and social worker, and administer special treatment rather than punishment. Backward children in the schools of this city have been of late officially subjected to the operation of removal of their tonsils

and adenoids in cases where mouth breathing and subsequent improvement of hearing was found to be the cause of their indocility. The riot of the mothers and their storming the schoolhouses to save their children from "having their throats cut," is yet fresh in our memory. Far be it from me to criticise the curetteswinging throat specialist; his interference, no doubt, is well needed in a series of cases; but why not give the syphilographer a chance in the other series? I firmly believe from the experience of others and my own that those cases of enlarged tonsils and adenoids that are associated with palates that form high and narrow roofed arches, protruding angular upper jaw and teeth, long and narrow noses with obstructed nasal breathing—that these cases are developmental defects, due to inherited syphilis, and will yield to specific treatment, kindly and effectually, if given a chance. There are some other instances yet in which inherited syphilis, or its non syphilitic sequences, play a paramount role where impaired moral responsibility, actions which we are wont to look upon as degenerate, and the adjustment of criminal acts are concerned. I have no doubt that stinted brain cells, or growths in the brain due to syphilis, with their altered anatomical and consequent psychical derangements are the cause for many baffling cases or moral and criminal insanity. But I refrain from further discussing it as outside the scope of this paper and will only enumerate one or two other phenomena.

Epilepsy, the essential as well as the half-sided, is, according to Soltman, Gowers, and others, more often than it is believed, an effect of inherited syphilis, a predisposing cause for it. Unlike in other consequential affections of syphilis, the epileptic mostly does not show recognizable signs of the inherited taint, but mostly only developmental defects in form of rickets or scrophulosis, which condition has misled investigators. We find a child getting restless without apparent cause delirious and in convulsions. In a few days one or the other extremity is taken with spasms, after which it remains slightly paralyzed and becomes retarded in development. Some trivial cause, like a cold, is made responsible for this occurrence. But to the physician who knows, its syphilitic origin is clear, and according to Kowalewsky, attributable to maternal inheritance, while the common (cortical) epilepsy, says he, is due to paternal taint. In Erlenmeyer's five cases of Jacksonian epilepsy, three were due to paternal inheritance. In four hundred cases of epileptic children collected by Brats five per cent. were due to parental syphilis, but the percentage is probably greater yet.

Progressive paralysis in children is one of the most frequent results of inherited syphilis. Here the influence of the taint reigns absolute. In 41 cases collected by Alzheimer, 28, and prabably 31 cases, that is about 75 per cent., proved to be connected with the inherited taint. He remarks that in the remainder of the cases syphilis was not excluded entirely, but for accuracy's sake, he had not counted them in. While in the syphilitic paralysis of adults the number of affected men surpasses that of the women seven times, the proportion in which both sexes share in paralysis of children is equal. The earliest date the effection shows itself in the ninth year; it is most frequent around the fifteenth year, and becomes rare after twenty. It usually lasts longer than in adults, that is, four and one-half years in average. In children we miss the ideas of exaggeration so frequent in the adult. In the former it shows its inroads by gradually lacking intellect, early paralysis of the extremities, ocular (pupillar) symptoms and disturbances of speech and articulation. This dire condition leads to idiocy sometimes connected with epilepsy. Barry, Griesinger and Binswanger regard inherited syphilis as a cause of idiocy. In 74 cases from an institute for defective children, the syphilis of the father could be traced seven times, and in nine cases this taint was probable. Zichen has feund inherited syphilis in 10 per cent. of idiots, and in 17 per cent. such a source was more than probable. According to Wildermouth, 11.8 per cent. of idiots are affected with inherited syphilis. Brown, in his thirty-five years of experience of asylum practice in Barres, Mass, found that 1½ per cent., and Down that 2 per cent., of all idiots have inherited syphilis. Another frequent sequela is hydrocephalus; it may develop already intro-uterine or children may be born with it, soon to succumb. When they survive we find in them anomalies of physical development, enlargement of liver and spleen, and slow development of the intellect. They learn to talk and walk very late and are generally backward. The appearance of their head is sometimes ludicrous and monstrous, their countenance grimacy, their looks senile. In 18 such socalled waterheads, Elsner found syphilis three times, that is in 16.6 per cent. The mothers of such children aborted in 35 per cent. of cases. Hochsinger in 1904 collected 35 cases of hydrocephalus from 362 cases of early inherited syphilis, equal to 9 per cent. It made its appearance intra-uterine six times; in the third to eleventh month 15 times; in 14 cases it was unknown. Circumference of skull between 39 and 56 ctms. Three of these 34 children remained idiots; 8 of them died.

Locomotor ataxia may occur from the fifth to the fiftieth year. Some of these cases in adults may be regarded inherited in the absence of acquired syphilis. There exists an infantile juvenile tabes: In Marburg's 34 cases (19 girls, 15 boys), inherited syphilis was the cause in 22 cases, resulting

in 12 cases of blindness. Chorea appears in 4 per cent. of cases.

The scope and character of a semipopular paper peremptorily demand its conclusion, I could only touch on some and exclude other enunciations of inherited syphilis in children. I hope I have conveyed to our lay members the tremendous importance of syphilis on the well-being of the race. None of the scourges that visit mankind can boast of such fatalities. A glance at the tables will be convincing. The death rate of children with paternal heredity is 38 per cent., of maternal heredity 60 per cent., of mixed heredity 68 per cent. As in many other ailments, the social status of the affected is of a decisive influence on the mortality. In the hospital where such children of the ill-nourished poor were treated, the percentage of deaths was 84 per cent., in private practice 60 per cent. The time limit has a great influence next to the source of inheritance. When the father married while yet having his early infection, there took place 88 deaths out of 100 births. Out of 491 pregnancies in syphilitic families only 109 living and 382 dead children resulted. This means that 77 children out of 100 die. Fournier's statistics even show as much as 83 per cent. Out of these 382 dead children, 372 were either aborted or dead born, or died within the first year, and only ten cases were viable enough to reach the first year, when they died. The polymortality of children in some of these families is often as high as 99 per cent., and in some instances absolute extinction, tabula rasa, is made with families, which means 100 per cent. of deaths, equal to no posterity in such a family and annihilation! I do not think that even tuberculosis can boast of such disastrous results. Have we ever found whole nations afflicted with tuberculosis? No! But we have examples of such happenings with syphilis. A celebrated Japanese physician, Nagatomi Dokushau, of the eighteenth century, narrates that during his itineration through the country he found, especially in cities, eight or nine out of ten people afflicted with syphilis, and that he could not find a place where syphilis was absent. Scheube, in his treaties on venereal diseases in the warm countries, cites a Japanese proverb indicative of the spread of syphilis in the land of the rising sun, which sounds like this: "Onobare of kasake eo nai mona wa na," and means in our vernacular, "There is none who is exempt from vanity and eruption." Among his patients 10 per cent. were afflicted with syphilis. In Korea syphilis was known one thousand years ago; in China, which transmitted it to most of the Asiatic countries, it was known even two thousand years ago. In Zanzibar, according to Friedrich, five-sixths of the natives are syphilitic; on the Gold Coast, according to Aburi and Fish, 30 per cent. of the population has syphilis. In the Fiji Islands, where syphilis had been imported by Europeans in the eighteenth and nineteenth century, it soon became epidemic and then assumed its present form (Framboesia). Finucane reports (in the Journal of Tropical Medicine, 1901, No. 8, page 129) that the disease is so diffused among the population, that hardly anyone is exempt from it. Furthermore, it is stated that it is absolutely necessary for a child there to get the disease in order to resist the onslaught of other diseases. This is almost equal to a general vaccination of the disease. The infant mortality is consequently very high and a cause of the rapid extinction of that race. In the Sandwich Islands syphilis, at the time of its importation through Cook's crew, soon became, as it always did, epidemic, and in a few decades the whole population became permeated. Beaumanoir says it that is a "de notoriete public," that all natives are syphilitic. The population there is declining. In Nicaragua, the mild course of syphilis is due to a general permeation of population; 70 per cent. of the male and 50 per cent. of the female population are affected. There is hardly a woman among them that has not aborted one or several times. The population generally is thoroughly saturated. In Brazil according to Moncorvo-pere, 55 per cent. of his little patients have inherited syphilis, and it is, next to malaria, the main cause of death. There, and in other countries like Portugal, a syphilization has taken place and relative immunity bestowed upon the people. Such an event is only possible if the whole population was or is permeated. What a statistic, over-shadowing in its immensity that of tuberculosis could be gotten together if it were obtainable!

The great and growing danger from venereal diseases in which permeates unchecked our population in a degree barely conceivable by the casual observer, the inoculation of guilty and innocents alike by a poison more serious and lasting in its consequences than any other contagious disease; the ravages, especially in the later manifestations, which outclass even those brought about by tuberculosis; and the deteriorating influences on the race and the generations yet to come, has finally awakened the profession and society at large from the habitual lethergy into an attempt at active interference. A propaganda of action having as its aim to interest the profession, and especially to enlighten the broad masses of the importance and dangers of venereal diseases, is the next step in the crusade to attack the hydra which endangers humanity in the present and threatens it in the future.

This society is the medium which will help us in the battle — THE NEW YORK STATE JOURNAL OF MEDICINE.

A Mirror of Practice.

TREATMENT OF ACUTE DILATATION OF THE HEART,

Nelson writes on this subject in the Charlotte Medical Journal for January, 1906. He asks, what are we to do? And answers, that very happy results are often obtained in these cases by the simplest measures. Put the patient in a comfortable position, as near recumbent as possible, loosen all tight clothing, allow plenty of fresh air, get rid of exciting friends and relatives, see that the bladder and bowels are empty, using a catheter and enema if necessary, and give a diffusible stimulant, and the majority of these cases will soon be out of immediate danger. The drugs that are useful adrenalin chloride, digitalis, strychnine, strophanthus, sparteine, and caffeine are valuable in the order named It seems that as an emergency remedy adrenalin chloride is a sheet-anchor. It may be given hypodermically, but oxidation takes place so rapidly that it must be repeated very frequently, and by this is meant as often as every fifteen or twenty minutes for several hours, giving about ten drops of a one-to-one-thousand solution at a time. If we pass the danger-point of immediate death in safety, a desire for some means of continuing our advantage is best satisfied by digitalis, and we must not be afraid to use plenty of it. There need be no fear of the so-called cumultaive action if the rate rhythm, and tension of the pulse are watched carefully. Probably the best adjuvant to the drugs used for their immediate effect upon the heart and arteries is calomel. Unload the portal system, accomplish free activity of the kidney and bowels, and the majority of these cases will be saved.

TREATMENT OF VAGINITIS.

A teaspoonful of the following mixture in a quart of hot water makes a very excellent douch :—

℞ Solution of resorcin, 2 parts per 100,
Solution of salicylic acid, 2 parts per 1000,
Solution of copper sulphate, 3 parts per 1000,
Solution of betanaphthol, 0.25 per 1000, equal parts.

Every day the following tampon may be introduced :—

℞ Salol, 3 to 8 gms.
Glycerine, 250 gms.

Misce. Signa: Soak a cotton tampon in this.

Or the following vaginal suppository may be used by the patient :—

Acetanilid, tannin, ext. krameria, sugar of milk. Misce. Signa : To make one vaginal suppository. Cover with petrolatum before introducing.—Therapeutic Medicine.

VALUABLE VAGINAL ANTISEPTIC.

A most valuable formula is the following :—

℞ Eucalyptol, 2.00 parts.
Thymol, 1 00 part.
Menthol, 1.00 part.
Zinc. sulpho-phenolate, 4.00 parts.
Acidi salicyli, 1.00 part.
Alumini, 20.00 parts.
Acidi boracici, 71.00 parts.

This is a non-toxic antiseptic which will be found exceedingly beneficial in the treatment of vaginitis. It can be made in tablets as well as powder. A heaping teaspoonful to a pint of hot water makes a good douche solution, to be injected very slowly, with the patient on her back on a bed-pan or pad. One of the tablets may be introduced by the patient, who pushes it up behind the cervix, allowing it to dissolve in the secretions of the vagina.—Therapeutic Medicine.

ATOXYL (SODIUM ANILINE ARSENATE): ITS VALUE IN SYPHILIS.

There has lately been a tendency to boom atoxyl in the treatment of syphilis, but it must not be forgotten that the employment of the so-called anilarsenate of sodium is still in an experimental stage in this disease and that it is early days to speak of this drug, as does an enthusiast, as a specific remedy. In Paris the lay press has taken up the matter, with the result that atoxyl is, metaphorically speaking, in every mouth, if not yet under every skin. In the case of sleeping sickness, it has already been necessary to sound a warning note in the Times of June 4th, last. As to syphilis, Dr. Levy-Bing has recorded an instructive case The patient was a robust man of 42, who had had a syphilitic chancre in 1902, followed by a rash, mucous tubercles, and so forth. He had been treated in an irregular and half-hearted manner with pills, injections of perchloride, and potassium iodide. In the early part of 1907 the right eye became affected, and syphilitic atrophy was diagnosed. It was decided to inject atoxyl. A German brand was employed, and 5 injections of 0 50 centigram administered. This was followed by marked toxic symptoms—dizziness, vomiting, cephalgia, fever (40°, 40.80°, 40°, 39°, 38.6° C.). The right eye grew quite blind and the left became

affected, commencing optic atrophy being diagnosed. Weekly injections of gray oil (0.08 centigram of Hg) were at once started, and the left eye recovered. The patient's general health, which had suffered a good deal, improved, the blood-counts showing a steady increase in the erythrocytes, from 3,700,000 at the time of the first mercurial injection to 6,250,000 by the fifth, the quality of the corpuscles improving pari passu. Dr. Levy-Bing concludes from this case that atoxyl is inefficacious in the course of a syphilitic complication in process of evolution, and, moreover, has no effect on the acute anæmia due to Treponema palladium (Spirochæta pallida). This case appears to show once more that it is not the mercury that acts prejudically on the blood corpuscles, but the parasites. Another case, under Professor Gaucher, is cited. A patient was treated for a syphilitic chancre and a macular rash. But the man left the hospital before he had quite got rid of these symptoms. He attended another hospital where he received seven injections of atoxyl of 0.50 centigram each. A month after the last atoxyl injection he returned to Professor Gaucher's clinic with a recurrent roseola and errosive syphilides of the palate and tonsils. These cases show that caution in using atoxyl is necessary from various points of view. Atoxyl, although the drug may ultimately prove of some value for cases in which mercury cannot be employed, M. Forneau, so well known in connection with stovaine, has pointed out that notwithstanding what German manufacturers say, atoxyl is not the anilide of meta-arsenic acid ($C_6H_5NHAsO_2$) but a monosodic salt of the anilide of ortho-arsenic acid

$$C_6H_5NH—AsO\begin{matrix}ONa\\OH\end{matrix}\quad 8H_2O$$

that it does not contain 37.69 per cent. of arsenic, but only 29 per cent.; and that it is not a new product, but was discovered by the French chemist, Bechamp, in 1863, who obtained it by heating arseniate of aniline.

Annotations.

OFFENSIVE BREATH.

Offensive breath is sometimes due to bad teeth and sometimes to dyspepsia. When the teeth are decayed, a visit must be paid to the dentist. When dyspepsia is the cause, the inhalation of a few drops of pure terebene from time to time. It is a condition which can be readily cured by a little attention to the general health and especially by the avoiding constipation.

COLD WATER V. HOT WATER IN CONSTIPATION.

A common practice, it is, to advise constipated patients to drink a glass of either cold or hot water daily before breakfast. Hemmeter mentions abstention from cold water as a cause of constipation, and asserts that it cannot be replaced by the use of hot water or other hot drinks. In his experience hot water increases the already existing atony, because it establishes a condition of local intestinal hyperemia which interferes with peristalsis, and is moreover more rapidly absorbed than a cold draught.

FRUITS FOR THE SICK.

There are many times when the sick should not eat raw fruit, but can take cooked fruits. Any and all fruits may be cooked—and in many different ways, all attractive. Compotes are fresh fruits stewed; they are usually made by first making a syrup of three and one half cups of sugar and two and one-half cups of water, and boiled five minutes. The time must be counted from the time it actually begins to boil. When it is boiling, drop the fruit in carefully, a few pieces at a time so that they will not break; cook until tender, but firm enough to keep their shape; remove with a skimmer; arrange daintily on a dish, then boil down the syrup until thick, then pour it over the fruit. Let it cool before serving. Apples, pears, peaches, apricots, and oranges may all be cooked in this way.

SUNLIGHT AND COMPLEXION.

Many persons appear to labour under the delusion that it is necessary to avoid sunlight for fear of spoiling the complexion, when, as a matter of fact, the sun's rays are necessary to give it the delicate tinting of beauty and health. Air is necessary to the first inspiration and the last expiration of our lives-but the purity and activity of the atmosphere depend upon the warming rays of the sun, while our bodies require light for their healthy stimulus. It is well known that without solar heat there can be no proper vegetable growth, and it is equally necessary for the beauty and perfection of animal development. It behoves us, therefore, to see that our homes are open to the sun's rays and are made as bright and cheerful as possible and they ought to freely admit the sunlight. It is well-known that disease which has baffled the skill of physicians has been known to yield when the patients were removed from dark rooms to light and cheerful apartments. Light is especially necessary for the healthy growth of children.

In Pulmonary Consumption.

Dr. John's CONSUMPTION INHALATION. The Faculty pronounce it the only Cure for Consumption and all Throat and Lung Troubles.

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The Indian Lancet.

CALCUTTA : MONDAY JAN. 6th, 1908.

OUR NEW YEAR'S GREETINGS.

In this season of universal festivities, almost all the world over, it will perhaps be profitable just to pause a moment and consider some of the landmarks of the year we are leaving behind, and to anticipate better things in the waking of the infant year.

Medical science, above all others is not only the subtlest, and noblest, but the most progressive. With the onward roll of all these centuries, we are certainly not yet in view of the perfection. We cannot fail to be struck with the gigantic strides in the rapid advances of all the branches of the healing art. The development and the manifold therapeutic uses made of Radium, the Rontgen rays and the antitoxic serums have been some of the boons that the last year have bequeathed to us. In the department of Pharmaceutical chemistry, the neat alkaloidal combinations, the synthetical products like Helmitol, Mesotan, and acetonone and the animal preparations like adrenalin &c. have also been the result of more or less the mature thought of the last twelve months.

In surgery, similarly the operative procedures on the appendix have been more elaborately set down and their technique modified. The use of hitherto uncared for indigenous drugs both for external and internal uses has been more resorted to.

The sovereign efficacy of nursing, diet and hygienic principles have all been more cleary understood.

Electricity and massage have been more extensively employed as remedial agents. Lastly, suggestive or hypnotic therapy has gained a firmer foothold in the treatment of diseases. Regarding polypharmacy, we will say a word. Every year, we are recognising that a heterogenous combination of remedies should be discarded once and for all if we are to combat successfully with ailments. The selection of drugs in treating diseases must in the present light of medical knowledge be verily weapons of precision.

We thank our constituents and contributers for their ready assistance and to our advertisers for their support throughout last year.

We wish them all good luck and prosperity in the year we have just stepped into, may we here just suggest to the public that the medical men in charge of their diseased dear ones should have more respect and confidence, and deserve more ungrudging remuneration than they have done up to now.

Here in this country more hospitals and nursing homes should be built during the ushering of the new year, and philanthrophy should characterise more liberally our landed aristocracy.

Fellow feeling and love for our poor brothers and sisters suffering from fell diseases and endeavouring to ameliorate them should be the goal of the looming year in view.

We would also respectfully, ask the Government to unloosen their purse strings more, when the call comes from hospitals. Plague, cholera, small-pox and other infectious diseases which have laid such a firm grip on this land, should also be stamped out, as far as is possible, by preventive measures, which only are in the power of the Government.

Surely money spent in this direction is money spent well.

Private hospitals and charitable dispensaries should be much more fostered by the Corporation and Local Governments, and at least in this, the adamantine barrier of the rigid and frozen official red-tapeism be done away with.

PHYSICAL EXERCISE AND HEALTH.

An objection frequently urged against exercises which cause a free perspiration is the danger of taking a chill. There is no risk of this so long as the exertion goes on, and when it is discontinued, if the surface of the body is well covered to protect it from rapid loss of heat, we shall rarely hear of physical exertion resulting in chill.

Once more, the action of the heart, as every one must have observed, is directly influenced by active exertion. There is an increase in both the force of the beat and its frequency, with a corresponding augmentation of its power. This is perfectly natural so long as the beats continue to be regular and equal.

On the other hand, if the action becomes irregular, it indicates that the heart's strength is being over-taxed, and demands that the exertion, whatever may be its nature, should be immediately discontinued, or its amount considerably reduced. A knowledge of this fact enables us at all times to test the effects of our exercises, and enables us to decide whether we are exceeding the limits of what is beneficial for health. The increased force and frequency of the heart-beat which thus naturally accompanies exertion will augment and quicken the flow of blood, and the circulation will be carried on with larger volume and at a more rapid rate. The accelerated flow of blood carries more of the elements of nutrition to the various tissues for purposes of sustenance and repair, and the substance of the heart itself must necessarily share in this advantage. It follows, therefore, that while physical exertion calls for greater effort on the part of the heart, it is indirectly a means of providing the organ with more ample nourishment, and tends to a gradual increase of its strength.

There is yet another department, which largely shares the benefits of physical exertion, and that is the muscles of the body generally. It is universally admitted that our limbs become stronger by constant use, and this is practically saying that exercise of the muscles promotes their health and strength. And so it does; but how is this result accomplished? The nutriment of a muscle is in exact proportion to the quantity of blood which passes through it, because its nourishment is derived entirely from this fluid. When the muscles are in a state of activity (as they must be during physical exertion), more blood is drawn towards them than would reach them in a state of repose. We have seen that the increased force and frequency of the heart accelerates the flow of the blood; this is still further augmented by a kind of suction action on the part of the muscular structures themselves.

Their very activity renders them more thirsty, as it were, not for the sake of the fluid itself, but on account of the additional nutriment the extra blood would naturally supply. Hence the wear and tear which must inevitably result from increased exertion is promptly met by an increase of the nutrition and abundant material to repair. In other words, the more the muscles are exercised, the more liberally they are nourished, and the better they are fed the stronger they became.

The slight sense of fatigue which accompanies an early effort deters many persons from habitual exertion. They say that they become so quickly tired that they do not feel strong enough for the work. This sense of fatigue is seldom in proportion to the amount of actual exertion; it is more frequently the consequence of previous inactivity. By frequent repetition of an exercise the feeling of effort, with its accompanying sensation of fatigue' grows gradually less and less, so that within the limits of health a greater amount of physical exertion can be borne.

Efforts which are repeated daily are performed at less and less cost to the system, so that by habitual exertion the expenditure is considerably reduced. Is this not so with walking? If a man of sedentary habits starts a walk of six or eight miles, it is a hundred to one that he does not reach his journey's end. On the other hand, if he began with a couple of miles, and repeated the walk daily with a gradual increase of distance, he would soon find himself able to do the half-dozen miles with less fatigue than he experienced at first with the two.

Those persons whose occupation provides them with an adequate amount of outdoor exercise may safely allow matters to rest; but those whose habits are of a sedentary character, or whose ordinary employment keeps them within doors, will find demands made upon their health which they are totally unprepared to meet. The normal changes in the tissues of their bodies will be incomplete, waste products will accumulate in the system, and produce disturbances of so grave a kind as to deprive them of both the enjoyment and usefulness of life.

Current Medical News.

INTOXICATING DRUGS IN BURMA.

A decrease of over two lakhs of rupees in the Opium revenue is recorded in the Report on the Excise administration in Burma for the past year, and at first glance the Puritan reader may be inclined to rejocice at the statement. If it could be inferred with confidence from the return that less opium was really consumed he would have good cause and the Lieutenant Governor tells us he would not regret the loss of revenue. But it is due to fewer issues of Government opium to the licensed shops and accounted for, to a slight extent, by a reduction of license fees, a measure considered necessary to compensate some of the retail vendors for the reduced sales at their shops. The falling off may be due, as stated, to the closer supervision of sales at the ships by the officers in charge ; but as it is also said that in Lower Burma little or no advance has been made in the suppression of opium smuggling into the province, it may well be that the success achieved In one direction has in fact been counterbalanced by the increase of smuggling. The coincidence of the Opium revenue in Burma amounts to eight annas per head of the total population, but in Rangoon it is Rs. 2-13-8 per head. The incidence of the taxation on the opium consumers alone corresponds to the average purchaser during the year of the different classes of consumers. The figures, however, it is stated, must be taken with caution, as in many places there is a large floating non-Burman population who do not buy regularly at any one shop and who reduce the average of consumption at the shops at which their names have been recorded for the mouth. It is fouud that the gradual suppression of the hawking of the shop opium has tended to encourage the importation of smuggled opium into the province and the efforts made to suppress this traffic have not met with any great measure of success to the present. The Deputy Commissioner of Akyab, for example, records the fact that during the year the smuggling trade had several severe blows dealt it, both in consequence of important convictions as also in seizures, causing thereby not only a heavy loss of money but also a good deal of so-called prestige among some of the well-to-do families of the Arakanese community ; for it has long been a well-known fact that there are many respectable Arakanese families who have relatives engaged in the opium smuggling trade, and up to recently none have been convicted. Notwithstanding these satisfactory results the trade, shows no sign of decreasing. The Commissioner of the Arakan Division is of opinion that no practical measures, consistent with the existing opium policy, can succeed in affecting any large or permanent reduction in the enormous quantity of illicit opium poured in from Bengal.

The general opinon of District Officers, based on personal enquiries from Burmese Officers, village headmen and others, is that with the non-Burman population the extent to which opium is consumed remains unchanged and that there is no indication of a growth in the taste in the Burman pepulation. The view held in many districts is rather that with the restrictions on shop sales and the increasing difficulty in obtaining smuggled opium there is a tendency on the part of consumers to reduce their consumption. The Chinaman is the chief instrument in the spread of the opium habit amongst the nonregistered Burmans and his common method is to establish an opinion den, where opium can be smoked and from which the opium pipe-refuse is illicitly sold at a price within the reach of the poorer Burman consumers. Non-attention is being considered whether any feasible measures can be devised for the prevention of the sale of pipe-refuse by opium smokers. Though the consumption of ganja and other forms of hemp continues to be restricted entirely to the native of the Indian population and its smuggling is carried out to a considerable extent by the gangs employed in the smuggling of opium and cocaine, most of that used is imported from Europe via India, but latterly, owing, it is said, to restrictions imposed in Bombay and Bengal it has been smuggled in Chinese steamers from the Straits and Singapore. The restrictions imposed two years ago have stopped the indiscriminate sale of cocaine by chemists and under further restrictions recently introduced, importation by post has been absolutely prohibited and importation by other means is restricted to persons authorised to sell cocaine. According to the Superintendent of Excise in Rangoon, there was a recrudescence of morphia consuming and injecting at the beginning of the year, but the Excise Department has been particularly energetic in taking up cases of the possession and sale of morphia and the suppression of morphia dens, and the habit appears to be on the decrease again Morphia, unlike cocaine, was never taken up by all classes. The persons most addicted to it or the lowest strata of Natives and Burmans, many of them criminals and persons suffering from various diseases. Morphia is either eaten or taken in the form by hypodermic injections as a substitute for opium, the habitual consumers being unable to purchase sufficient opium to allay their cravings and an injection of two annas' worth of morphia is said to have the same effect as the consumption of a tola of raw opium. The present belief is that persons who habitually practise hypodermic injections to excess only live for a few years. The Superintendent and Assistant Superintendent of Excise in June 1906 visited a morphia den in 18th Street and took the names and addresses of 30 persons present. Most of them were personally known to the Assistant Superintendent. On making enquiries in March 1907 it was found and verified that all these persons were dead. Some five had died from plague and the remainder from various other causes. This is probably a very extreme instance, but it is evident that the habit is physically degrading as it is morally. The restrictions imposed in 1905 have, as already remarked on the cocaine restrictions, done good and put a stop to indiscriminate sales. The Collector, Rangoon, suggests that a leaflet,

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Irisin Concd.	¼ „
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for itching, eczema, face spots, prickly heat, sunburn and all skin irritation (in 4 sizes).

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for redness, roughness, chafes, excoriations, toilet and nursery (in 4 sizes).

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describing the fatal effects of the drug might be circulated in quarters where the morphia habit is known to be prevalent, and we learn with pleasure that the suggestion is to be acted upon by order of the Lieutenant-Governor.

Upon the subject of the smuggling of opium and other intoxicating commodities, which has so sensibly increased that the Financial Commissioner declares that unless the Excise staff is strengthened and smuggling is substantially checked the supply of opium to those Burmans who are not permitted to consume it will not be cut off, he does not consider that the keepers of dens (smoking saloons) can be altogether deprived of the right to purchase opium. The problem of reducing the amonnts of retail sales to individual consumers in Rangoon is specially difficult, and certain measures were proposed which did not, after much consideration, meet with approval. Since the close of the year action has been taken on other lines. The Financial Commissioner has agreed to raise the retail rate per tola of raw opium from twelve annas to one ruppee in two shops of the Mergui District. It is contemplated to prohibit the conversion of opium outside licensed shops from its crude state to the state in which it is smoked and to make arrangements at all shops for cooking opium. This measure, if adopted, may serve to abolish or reduce in number the illegitimats smoking saloons. The difficulty of proving illicit sales in such places is considerable. The statement that the Military Police were regularly engaged in smuggling opium was found to have been an exaggerated inference from narrow premises. The proposal to substitute Government salesmen for licensed vendors was eventually disapproved and has not been carried out. The profits of licenses were, with a few exceptions, reasonably reduced. They have little further to gain by the suppression of smuggling, while their pecuniary interests are opposed to the suppression of hawking. It is the more necessary, therefore, as the Financial Commissioner urges, that their loyal and honest adherence to the Government policy should be strictly required and that other persons should replace those who connot be trusted.

RABIES IN CEYLON.

The time has undoubtedly arrived when the authorities should consider the question either of establishing a Pasteur Institute in this Island or of taking greater advantage of the Coonoor Institute, which is the nearest to Ceylon. We have previously strongly urged the claim on Government of those poor people bitten by mad dogs, who may be unable to find the means for a journey to Coonoor. Some understanding with the Coonoor Institute is clearly called for with regard to Ceylon patients. We stated some months ago that a very substantial proportion of the patients at the Institute have come from Ceylon. How long Coonoor will continue to run its Institute for the benefit of Ceylon remains to be seen, but if they found themselves in the position some of the Ceylon hospitals are in sometimes, when people were discharged without being properly cured to make room for urgent cases, it would be quite natural that they should say that they had enough patients to attend to from districts in India which subscribed towards the upkeep of the Institution, and could not any more receive people from outside. It can be no possible advantage to the Institute to receive poor patients from Ceylon. Well-to-do people are welcomed if the Institute is not full, as it is expected that they will subscribe liberally at the end of their free treatment towards the funds of the Institute. Up to the present Ceylon has been sending her patients to Kasauli and Coonoor for free treatment without contributing anything towards these very expensive Institutions. The position is not one in keeping with the dignity of Ceylon, where no one would appreciate being beholden to India in such an important matter. We are glad to be informed by the Mayor of Colombo that these questions are under his consideration, and we trust that some practical step forward will be taken without delay. The present state of things is decidedly unsatisfactory, even although we have cause for satisfaction in the fact that it is no longer necessary for patients from Ceylon to travel all the way to the lower Himalayas for treatment.

PLAGUE PREVENTION AT BANGALORE.

The Hon. Mr. Stuart Fraser, British Resident, addressed a large gathering in the open air, opposite the Market Square, representing all communities in the station. He told them, in a very interesting manner, what the authorities were doing to combat plague; how they had so far succeeded, and what further preventive measures he was going to adopt.

Briefly, these measures comprise the campaign against rats, which had been zealously carried on for the past two years and would be vigorously continued. Inoculation, too, which was at present carried out at local depots and at a public stand which was moved from place to place, would be further extended by inoculators attending the houses of the upper class people to operate upon them. In Bangalore this would be done street by street, till the bulk of the people were inoculated. "Then, and then only," Mr. Fraser said, "shall we be able to feel we have done our duty to ourselves and our neighbours in trying to brush plague from Bangalore."

He concluded with a strong appeal for the co-operation and combination of the people with the authorities to successfully carry out the measures enumerated.

SNAKEBITE MORTALITY IN BURMA

EXTENSIVE REMEDIAL MEASURES.

A local Government circular, states that in view of the large number of deaths occurring annually in Burma from snake-bite, it has been decided to distribute as widely as

possible through the province the lancets designed by Sir Lauder Brunton, for the treatment of snake-bite with permanganate of potash, the efficacy of which, if the treatment be at once applied, is now established. The distribution will be left to the Commissioners of Divisions, through whom all local officers should obtain their requirement before November 1. of each year.

To Government servants lancets will be issued free of charge, but the cost price will be charged to municipalities, private firms and individuals. A reserve stock of permanganate crystals will be kept at all hospitals and dispensaries for distribution to those who have lancets, when the supply of permanganate contained in each lancet is exhausted.

PLAGUE IN THE PRESIDENCY.

As far as Bombay is concerned the old theory that plague is worse in the cold weather than in the hot, while remaining as a general fact, is becoming sadly shaken as regards side issues and reasons. It was generally supposed that the cause of the increase on the approach of the cold weather was that greater numbers sleep indoors than when the weather is warm. The nights in November were cold enough, especially when contrasted to the abnormally hot October through which we passed last year, and yet the number of cases of plague in the City in October was 134 as against only 84 in November, the deaths numbering 105 in October and 70 in November. On former occasions last year the figures for the Presidency have shown a startling disproportion to those of Bombay City, yet in November the proportions are very marked. While decreases have been the rule in recent months in Bombay, increases have been the rule in the mofussil. In September, for instance, there were 36,116 cases and 25,017 deaths, increasing to 42,297 cases and 30,849 deaths in October. But instead of an increase in November there was a remarkable decrease, the number being only 19,727 cases and 146,52 deaths although the number of infected places remained unaltered at 1,065. No one knows whence plague came, but it may be that now the germ has become acclimatised and prefers the hot weather; at least it is clear that the virulence of the hot weather attack has abated with the advent of cold nights. The decrease was general. Only in eight districts were increases recorded, of which Sind with Karachi City and District, Hyderabad and Sukkur occupied four. In Karachi City the increase was nearly three-fold to 146 cases and 129 deaths, while in the District the increases are from 31 cases and 27 deaths to 112 cases and 60 deaths. All the other increases were insignificant especially when compared with some of the enormous decreases. In the Satara District, for instance, there was a decrease of nearly ten thousand cases, while Belgaum had more than two thousand less cases to record, and in the Kolhapur and Southern Maratha Country the figures dropped from 11,550 cases. Only two places became free.

DEATH FROM WORRY.

Modern science has brought to light the fact that worry will kill. The way in which it kills is stated to be that worry injures beyond repair certain cells of the brain. The brain being the nutritive centre of the body, other organs become gradually injured; and when some disease of these organs or a combination of them, arises, death finally ensues. Occasional worrying the brain can cope with; but iteration and reiteration of one idea of a disquieting sort the cells of the brain are not proof against.

PLAGUE RETURNS

The plague deaths for the week ending September 7th number for the whole country 6,390, as compared with 4,627 the previous week. The deaths in the principal provinces are as follows:—Bombay Presidency 4,493; Madras Presidency 100; Bengal 111; United Provinces 96; Punjab 135; Burma 122; Central Provinces 616; Mysore 406; Hyderabad 179; Central India 74; Rajputana 53 In most provinces these numbers are higher than those of the previous week.

SHORT ITEMS.

A Burma Government circular just issued states that in view of the large number of deaths occurring annually in Burma by snake-bite, it has been decided to distribute as widely as possible, through the Province, the lancets by Sir Lauder Brunton for treatment of snake-bite with permanganate of potash, the efficacy of which, if the treatment be at once applied, is now established.

H. H. the Maharaja of Mysore has consented to be patron of the National Medical College of India Calcutta, as "the institution reflects much credit on the many patriotic and eminent physicians who have started it."

Major C. E. Williams, I. M. S.' Health Officer, Rangoon Municipality, will, it is understood, be appointed to the newly created post of Sanitary Commissioner in Burma.

Nursing Sister Elizabeth Folliott has been admitted to the Queen Alexandra's Military Nursing Service.

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THE GREAT HAIR-PRODUCER & RESTORER.

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CONSUMPTION INHALATION CURE.—Recommended as a certain remedy in the first and second stages. Is based on scientific reasoning and principles, and is an embodiment of the results of modern investigation. It kills the germs (bacilli), checks the progress of the disease, and prolongs life even in the most advanced and hopeless cases of tuberculosis and consumption. Per phial, Rs. 5. Per dozen, Rs. 55.

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These invaluable Pills are prepared with the greatest care, and have the remarkable property of neither weakening the system nor causing constipation immediately after. For Dyspepsia and Torpid Liver they can be confidently relied on as the best Family Medicine to have handy in the house. Price, Re. 1 per phial. Per dozen, Rs. 11.

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Current Medical Literature.

MEDICINE.

THE CHARACTER AND TREATMENT OF MEBMRANOUS ENTERITIS (COLICA MUCOSA),

Albu (Therapie der Gegenwart) says the designation "membranous enteritis" as a rule includes two different diseased conditions, namely, membranous colitis in the restricted sense and so-called colica mucosa. Both these pathological conditions have in common the chronic obstivation and discharge of tubular masses of mucus, but colica mucosa presents another symptom which is absent in true membranous enteritis, namely, the appearance of intermittent abdominal colics. The pathogenesis of the two affections likewise has a very important distinction, membranous enteritis being, as a rule, caused by atony of the large intestine, whereas colica mucosa is due to tonic spasms of the bowel wall. The latter disease accordingly constitutes an irritative neurosis of the bowel, based upon a primary purely nervous spasm of the colon.

The treatment must, therefore, vary with the condition present. Colica mucosa requires, in the first place, the control of the intestinal spasms. This is accomplished by:

1. Application of warmth, in shape of hot compresses (linseed poultices, hot plates or bottles, etc.) and hot half or full baths.

2. Narcotics, in shape of suppositories and belladonna (0.01 to 0.02 pro dose), to which may be added the same amount of codein. The author objects to the use of opium in any of its preparations, because its sedative value is offset by the occurrence of intestinal paralysis under its prolonged employment, resulting in increase of the existing constipation and in aggravation of the intestinal weakness. Morphine is indicated only in the presence of severe paroxysms.

Attention must be chiefly directed towards the removal of the tonic contractions of the bowel. These indications are met with by:

1. Prolonged half or full baths, warm, lasting from 20 to 25 minutes, three times weekly.

2. Warm enemata with oil (one-half to one pint linseed oil, etc.) or oil mixed with soapy water, to be introduced very slowly and under low pressure, to remain for a long time.

3. For nutrition, a milk and vegetable diet, in form of porridges, meaning the exclusion of all husks, shells and cellulose constituents in general. The vegetables are, therefore, to be served "mashed" and the fruit in shape of "jams." The food must be very carefully prepared, so as to avoid the irritation of the bowel wall caused by indigestible vegetable constituents, which resulks in contraction. At the same time, the food should be bulky, so as to advance of its own accord, maintaining the bowel in constant gentle motion. The internal administration of the bromides and other nerve tonics is useless. Permanent results in the treatment of neurasthenia can be looked for only from physico-dietetic methods.

The treatment of membranous colitis is not the same. The atony of the bowel is here best improved and relieved by the following measures:

1. Careful massage of the large intestine with the hand or a vibratory apparatus, preferably when the bowel is empty.

2. Faradization of the large intestine in frequent brief shocks (in relaxation of the abdominal coverings).

3. A more or less coarse vegetable diet, under simultaneous use of buttermilk, honey, jams, dried fruit, grapes, ginger bread, graham bread, milk, sugar, etc.

4. Glycerine enemata and suppositories; cold water enemata. The employment of astringent injections strictly contraindicated in either of these conditions, because they serve to increase the irritation of the bowel, and with it the formation of mucus. Moreover, they actually provoke intestinal contractions. On the other hand, it is advisable to remove the mucous membranes by regular lukewarm injections of sodawater or oil enemata. In case of failure, a mild laxative, such as castor oil, may be administered. The longer the mucous membranes are permitted to remain in the bowel the greater is the danger of the appearance of colics.

BRACHIAL NEURALGIA.

By Dr. Tilmann (Ebstein-Schwalbe, Chir. des prakt. Aerztes. 1907.)

Neuralgia of the arm is generally the result of traumatism of the brachial plexus, due to traction and forcible extension of the arm as a whole. The nerve which is chiefly involved may be identified by the boundary lines of the hyperesthetic, or hypoesthetic skin areas. A further important part is played by diseases of the spinal column, overexertion, perineuritis, tumors of the nerves, the supraclavicular fossa and the cervical ribs, as well as by disease of the bones of the arm. Other factors entering into consideration are all those conditions which involve a lowering of the scapular girdle on one side, or a slight lengthening of the upper extremity, such as, for instance, paralysis of the deltoid muscle and stretching of the joint capsule of the scapula in habitual luxation of the shoulder joint. The pain is usually most marked about the insertion of the deltoid muscle.

The treatment must be primarily etiological. In the first place, the affected nerve must be identified by the most careful examination, after which the cause must be sought for and treat-

ed. The assumption of a pure neuralgia is justifiable only in those cases where no cause can be discovered. Periodical attacks may be relieved by nerve-stretching, performed in the free interval, at first non-sanguinary. The arm as a whole must be stretched in all its joints, with abduction and lateral elevation up to the vertical position, for a period of one to three minutes, or until a sensation of tingling in the hand appears. In those cases where the patient can positively locate the beginning of the pain at a definite nerve point, the nerve should be exposed in this location, by looking for it in the corresponding muscular interstices, according to the anatomical landmarks. Existing scars or neuromata are dealt with by detaching the scar and removing the growth. When nothing of the kind is found, the nerve should be moderately stretched. Among the local methods of treatment, warm baths and the galvanic current are the best, but results in a general way are satisfactory in those cases only where the cause can be discovered and removed.

—:oo:—

SURGERY.

THE RELATION OF THE CERVICAL RIB TO BRACHIAL PARESIS AND PARESTHESIA.

By Dr. Hochenegg (Lehrbuch d. spez. Chirurgie, 1907).

The cervical rib is a deformity of the cervical skeleton, the anatomical existence of which has been known for a long time, but which has only recently been considered as of clinical improtance. The cervical rib is attached to the seventh cervical vertebra, unilaterally or bilaterally, and passes towards the front, covering the first rib. As a rule, its anterior extremity is curved off downwards at a right angle, the bone becoming continuous with the first rib. The condition is usually unimportant, but since the subclavian artery and the brachial plexus invariably pass above the cervical rib, certain circulatory disturbances and severe paresthesias and pareses of the arm may occur, especially at an advanced age.

The development of a second cervical rib, belonging to the sixth cervical vertebra, is extremely rare. On the other hand congenital scoliotic curvatures of the cervical vertebral column are very common additional findings. In the absence of disturbances, treatment is not required. Should it become indicated, it should consist only in extirpation of the rib, which is difficult but possible, and brings a certain cure.

—:o:—

OBSTETRICS.

PRIMARY CARCINOMA OF THE VAGINA AND ITS OPERATIVE MANAGEMENT.

Two cases are reported. In the first case the uterus also was removed although not involved in the carcinomatous process. Four months later there was recurrence and the patient died. In the second case only the diseased vagina was removed. This patient was well a year and a half later.

Both were typical cases of primary vaginal carcinoma. One woman was 44 years old and the other 57. Both had given birth to children. In both cases the neoplasm occupied the posterior vaginal wall and histologically proved to be pavement epithelioma.

Although very tedious, the author applied the perineal method of operation in both. A transverse incision is made in the perineal region and by means of dull dissection the diseased vaginal wall was separated from the rectum posteriorly and laterally. In the second case the final incision circumscribed the diseased area without touching it. In the first case the uterus was removed at the same time. The danger of inoculating healthy structures was thus avoided. A fairly normal vagina was left in both cases because a longitudinal strip of mucous was present in the anterior vaginal wall. This permitted the possibility of sexual intercourse, a not unimportant consideration in married people.

ETIOLOGY OF PUERPERAL INVERSION OF THE UTERUS

In five cases the author has done hysterectomy, but in future will try Kustner's conservative operation.

From observations in a woman who give birth to three children and each time presented the clinical picture of an inverted uterus, he feels that a thin wall with flaccidity of the uterus in individual cases may be solely responsible for the accident. A placenta situated in the uterine fundus or traction on a short cord are often causes.

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PATHOLOGY.

CYSTINURIA.

By Dr. Caracciolo (Rif. Med. Ref., Brit. Med. Jour.)—The author reports a case of chronic cytinuria in a man aged 28. It is doubtful whether cystin ever appears in the urine in normal health; if so, it is in such minute quantities as to be practically negligible. When appreciable it is decidedly pathological. Often no symptoms are associated with cystinuria, and it is only an accidental examination of the urine which reveals the presence of cystin. Uusually it is chronic in character, but may be more sudden and is sometimes hereditary. One theory supposes that it is due to the direct or indirect action of bacteria inducing intestinal fermentation in association with certain diamines—for example, putrescein. But perhaps the theory which finds most support is that which attributes the cystinuria to a dilatoriness in tissue change. In the author's case the cystinuria was hereditary, and there was no evidence to show that it had any connection with changes in the intestinal canal; on the other hand, analysis of the urine showed evidence of defective oxidation. The mean daily elimination of urea was less than 15 grams, and the total sulphur above the average. Although the liver is largely concerned in the genesis of cystinuria, it may not be the only organ at fault, and in the author's case there was never any urobilinuria or evidence of hepatic disease. The patient had typhoid at 10, followed by severe gastrointestinal trouble for about eight years. After that the dyspeptic symptoms completely disappeared. At 19 he had an attack of renal colic, and passed a small cystin and uric acid calculus, and again in May 1904, and September, 1906. No cystin had been observed in the urine during the early part of his history. There was cystin in the mother's urine, but not in that of other members of the family.

ADRENALIN IN OSTEOMALACIA.

By Dr. L. M. Bossi (Zentble. f. Gyn., 1907, Nos. 3-4; Ref., Muench. med. Woch., 1907., p. 278).

In an article on the suprarenal glands and osteomalacia, the author describes the cure of a serious case of osteomalacia by subcutaneous injections of adrenalin. The patient was a VIII-para, 38 years of age, who was in the eighth month of pregnancy and had decided osteomalacia. After seven hypodermatic injections of adrenalin, each of which consisted of ½ cg. of adrenalin in solution of 1 : 1000, the patient fully recovered.

—:o:—

THERAPEUTICS.

POTASSIUM IODIDE IN TUBERCULOSIS OF THE UPPER RESPIRATORY PASSAGES.

As the result of observations made at Koerner's clinic upon tuberculosis of the upper respiratory tract, which had been largely treated by application of lactic acid, the author tried potassium iodide internally for long-continued periods in rising dosage. From this therapy there resulted, in a large number of cases, very good results, although the author remarks that one should not forget that laryngeal healing sometimes takes place, and he does not wish to confuse such results with those he obtained from the employment of iodide.

The combination of local and internal treatment with potassium iodide he finds suited especially for cases having primarily mucous membrane tuberculosis, and also those cases where the mucous membranes are not bad or the lungs are only slightly infected. In cases where large infiltrations and ulcerations involving the larynx occur the potassium iodide does not seem to bring good results. It works better where the lesion is circumscribed.—Zeitschrift fur Ohrenheilkunde, Bd. 53.

ROENTGEN RAYS AND GENITAL GLANDS.

Ancel and Bouin review the evidence in regard to the local action of the Roentgen rays on ovaries and testicles. In the ovary, the external secretion and the internal secretion both suffer and disappear under the action of the rays. In the male, on the other hand, only the external secretion suffers, while the internal secretion is retained unimpaired. The power of procreation thus becomes lost in the male, but the sexual characteristics and appetites are retained, while in the female all the signs of total castration are observed.—Presse Medicale.

SODIUM IODIDE IN CEREBROSPINAL MENINGITIS.

By Dr. Edlefsen (Berliner Klin. Woch., 5, 1906).

The author, who has had considerable experience in the treatment of cerebrospinal meningitis with sodium iodide, regards this remedy as superior to the potassium preparations of iodine for the purpose. He aims at the prevention of the serious sequelæ of cerebrospinal meningitis by means of the iodide treatment. Potassium bromide is administered to prevent the convulsions, and ice is applied to the head and nape of the neck. Lumber puncture, and inunction with Cred's silver ointment, are other features in the management of these cases. Sodium iodide also was found useful in the treatment of chronic glandular swellings in the author's experience.

VERONAL AS A SEDATIVE IN DISEASES OF CHILDREN.

By Dr. Levai (Budapesti orvosi ujsag, 1907, No. 1).

Desiderius Levai, of Budapest, states that the results which he obtained for a number of years from the use of veronal with adults led him to use it very extensively in children's diseases. He has found that children bear the remedy very well, and, by reason of its physical and chemical properties, it is splendidly adapted to pediatric practice. In diseases of the nervous system it is particularly applicable in meningitis, in convulsive diseases, particularly chorea, and in the unrest accompanying dentition and intestinal disturbances. He quotes a number of cases in which veronal proved of service to him. In three cases of tuberculous meningitis he found that bromides and chloral were of very little service in controling the convulsions, but veronal was effective. Naturally, it had no influence upon the fatal outcome, but it made the patients more comfortable, and was useful in arriving at a diagnosis. In eight cases of infantile eclamptic convulsions excellent results were observed in three cases. In one it was of no service whatever, but the patient recovered entirely after the use of santonin, showing that the convulsions were due to intestinal parasites. In four cases of troubled, dreamy sleep, associated with nightmare, veronal was of great service, and in a number of cases of difficult dentition he has found it valuable in quieting the nocturnal restlessness. In those cases in which there is much pain, the remedy has proved less valuable. He employed it in one case of minor chorea, but was unable to follow the later history of the case. Good results were obtained in infantile hysteria, in an eight-year-old girl particularly. The doses recommended by Levai are as follows: In children up to one year of age, one-quarter grn.; from one to three years of age, three-eighths grn.; from three to five years, one-half grn.; from five to seven years, five-sixths grn.; from seven to nine, one and one-half grn.; from nine to 11, two and one-half grn.; and from 11 to 14, four grn. The veronal in all of these cases was given in warm milk.

SULPHUR WATERS IN SYPHILIS.

Dardel says that the treatment of syphilis by the use of sulphur waters does not cure alone, but forms a very valuable auxiliary treatment, which may be combined with a course of mercurial treatment, and that the water will help greatly in the absorption, action, and elimination of the drug. The cure is indicated at any period of the disease, since nutrition suffers at all stages. Patients suffering from arteriosclerosis or liver trouble, and those who are highly nervous, should not undergo an active sulphur cure. It is especially indicated in those who take mercury badly, or who can tolerate but a small dose of it and in those in whom the therapeutic action of mercury is not easily obtained. It is also indicated in cases of great destruction of tissue, or severe infections in feeble or worn-out patients, and in lesions of the nervous system, ulcerative lesions that threaten great destruction to the organs affected, and such other lesions in which there is no time to lose. The treatment strengthens the patient and enables him to take more mercury and to assimilate it better. The sulphur of the water forms alkaline sulphides. Some are oxidized by hyposulphites and sulphites, but the most of it forms hydrogen sulphide, which is eliminated by the lungs and skin. It has a general tonic and exciting action, and liberates mercurial compounds stored up in the system.—Medical Record.

QUININE AND GONORRHŒA.

Livermore (American Journal of Dermatology and Genito-Urinary Diseases, August) calls attention to the deleterious effects that follow the administration of quinine to a patient suffering from specific urethritis, either acute or chronic.

He has learned from experience, at the expense of his drug if administered for any length of time, will well-nigh render the case incurable. He has treated five cases that developed malaria while under treatment for gonorrhœa, and each of them has more than convinced him of the truth of the statement above. His only explanation for this is that in all probability the quinine acts on the leucocytes in such a way as to allow the gonococci to penetrate so deeply into the tissues that their complete eradication is exceedingly difficult.—Lancet-Clinic.

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The Executive Committee **solicit public support to** enable them **to** fully **and** more fittingly carry out **the** objects **of the Institution, more** especially **of** the attached Hospital and Dispensary. **The** College, with its connected departments, **have** been maintained, **in** the past, partly from the fees of the pupils which is quite inadequate for **the** purpose. The **expenses** connected **with the** upkeep of the Hospital and Dispensary **are enormous.**

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Gifts of clothing, bedding, **suitable** furniture, furnishings, medicines, surgical instruments, microscopes, pathological and other specimens, medical books and medical journals (old or new) for the library, articles of food (suitable **for European and Native** patients, **etc.**), will be thankfully received.

The Members of the Medical Profession, in **India**, are respectfully **asked to** co-operate and help, as much as lies in their power.

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Correspondence.

Audi Alteram Partem.

THE GOVERNOR OF BOMBAY ON PLAGUE PREVENTION.

To the Editor, The Indian Lancet.

SIR,—The following Letter form H. E. the Governor of Bombay has been put in circulation through the press :—

Government House, Mahableshwar, 6th Nov. 1907 :—His Majesty the King has recently expressed his deep sympathy for the sufferings of his Indian subjects from the ravages of the plague. In England all hearts are touched by the terrible mortality which is bringing sorrow to numberless households and is tending to check the progress of this great country.

More than 7,000 deaths occurred in the Presidency last week, and there is reason to fear that this appalling loss will increase in the months that lie before us.

It is certain that this loss is preventible. It is possible to save tens of thousands of lives ; but no measures that Government can take will suffice without the co-operation of the people themselves.

A heavy weight of responsiblity thus rests upon all who direct the newspapers which circulate amongst the masses. Their influence, if employed in telling the truth to the peoples can be the means of saving many lives and of preventing widespread suffering.

I ask you to give me your confidence and to trust the conclusions to which I have been led after studying the plague question in England and since my arrival in India.

There can be no doubt that improved sanitation will tend to mitigate this scourge. It has proved effective in Europe where the plague is now unable to take root ; but it requires long years and in cannot help us in our present emergency.

There remain three measures in regard to which I have arrived at the following definite conclusions :—

(1) Evacuation is useful in some cases, and the more wealthy classes escape danger because it is easy for them to move from infected areas. They are able to take care of themselves and our duty lies towards the poor. For them evacuation may entail inconvenience, pecuniary loss, or actual suffering especially in cold or wet weather. In cases where evacuation may be useful, Government will help the people to provide shelter. In the case of large cities, evacuation may be quite impracticable, and we cannot look to this measure, to free the Presidency from plague.

(2) Rat-destruction, if it could be completely carried out, would certainly stop the spread of the disease ; but the Government is powerless to do the work without interfering with the homes of the people. The success of this method depends upon the people themselves, and if they are unwilling to destroy rats we must respect their feelings.

(3) Inoculation has been tried in many parts of India and in Australia. It has already saved thousands of lives. I have seen the manufacture of the fluid which is now so carefully conducted that contamination seems impossible. If applied before the individaal has become infected, it is the greatest safeguard known to science; and the protection lasts through the plague season. Many peopls have been inoculated several times without any bad effects, and except a little brief discomfort not greater than may be caused by vaccination, there is nothing to fear. If all the people in infected areas would be inoculated, the plague would quickly disappear throughout the Presidency. It the people will consent to it, the terrible loss of life which lies before us would be prevented. Of all possible measures, inoculation is the easiest to carry out and the most certain and the quickest in results.

I appeal to you to spread this knowledge among the people and to co-operate with me in an earnest effort to save them form suffering and death. The urgeney is great, and the influence of the Press cannot be used for a nobler object.—

Yours, etc.

G. S. CLARKE.

ANTI-PLAGUE INOCULATION.

To the Editor, The Indian Lancet.

SIR,—With reference to the reports of a fatal anti-plague inoculation case in the Gujrat District, Punjab, the facts are that a boy was attacked by tetanus two or three days after inoculation and subsequently died. Careful examination, however, showed that tetanus was due to a recent wound in the head and not in any way to the inoculation. Six other persons inoculated from the same bottle felt no ill-effects.

Inoculation which had been stopped in the district, pending enquiry, was therefore, resumed and although the death was not due to inoculation the Government have given the family a compassionate grant.

Yours etc.,

DION.

PLAGUE.

To the Editor, The Indian Lancet.

Sir,—Everyone will be glad to observe how comparatively small the ravages of plague have been so far this cold weather One touches wood as one writes. but does it not almost seem that, as far as the town of Bombay is concerned, this terrible scourge is at last on the decline ? We have had ten full years of it and the day when it takes its final departure ought to be a day of public rejoicing. It is rather humiliating to think that the course of plague in this town has been almost entirely unaffected by human effort. If plague is declining now, it is surely not because we are catching a few rats. One wonders that the rat population of Bombay must be and whether it is seriously affected by the rat-catching campaign. But the pleasant fact remains that last year was a mild year and this appears likely to be even milder. Much fuss has been made about Mr. Haffkine at home. As I understand the complaint was never against Mr. Haffkine's scientific abilities, but rather that he was not a business man and that such was required at the head of Parel Laboratory. Compared with the tremendous gravity of the presence of plague, the Mulkowal disaster is a mere flee-bite, not worth considering.

Yours etc.,

C.

INFLUENZA.

To the Editor, The Indian Lancet.

Sir,—I have only one,—one current topic, I mean. It is not particularly interesting ; it is certainly very unpleasant. It catches you in all your bones and makes them ache. It seizes upon the bronchial tubes and interferes with their working it gives you a head and a slight touch of fever. It has mental as well as material effects, and leads to a pessimistic view of things. To cut the cackle, it is influenza and I have been its play thing for a week. I really don't know anything more unpleasant and depressing, except perhaps the annual output of members of a certain profession. Probably the remark applies to all the professions and I leave it to my readers to say which is most overstocked. This particular influenza has deprived me of the pleasures of attending Their Excellencies' 'At Home' and Mr. Naranji Dwarkadas's entertainment. It has also deprived me of the possibility of earning a few rupees. Therefore I am making a paragraph of it. It is the only way in these famine times and days of professional overcrowding.

Yours etc.

H. H. R.

DOCTORS AND LIQUOR.

To the Editor, The Indian Lancet.

Sir,—Dr. R. H. Blaikie, of Edinburgh has been giving a number of interesting figures regarding the use of alcohol by doctors. He is, he says, quite sure that among the medical profession their faith in the use of alcohol as a beneficial drug is being shaken. He remembered when he was a student in the Royal Infirmary, for pneumonia, it was simply brandy and plenty of it, and the morality was very high, much higher than he had found it in his own experience ; and he believed, in looking back on these cases, they were simply poisoned by the amount of the whisky or brandy that was given them. In the Royal Infirmary in 1840 there were 3,800 patients, and £672 spent in alcohol. That worked out at about 45s. 7d. per occupied bed per annum. Last year, 1906, the number of patients was 11,000, and the total sum expended on alcohol was £194, which worked out at 4s. 7½d. per occupied bed.

With regard to London Hospitals Dr. Blaikie pointed out that the seven leading ones in 1862 spent over £8,000 on alcohol whereas in 1902 the sum was only £2,900. At Salisbury Infirmary in 1865 the amount spent was £302 ; in 1815, £95 ; and in 1905, £18. In the Wandsworth Infirmary in 1875, with 1,400 patients, they spent £371 on alcohol ; ten years later they had 1,000 more patients, and they spent only £53 ; in 1895 they had 1,000 patients more, and they spent only £3 19s. 2d. ; and in 1905, with patients numbering 5,450, the total sum spent on alcohol was £2 7s. 5d. Lastly, the London County Asylums' statistics showed that during sixteen years the number of patients had more than doubled, and the amount of wine and spirits consumed had dropped from 15,000 to 2,000 pints, and beer from 225,000 gallons to 1,200 gallons. The statistics, he thought, showed what medical men were doing.

Yours etc.,

H. B. D.

Those drugs which invariably effect the immediate relief of menstrual disturbances by acting directly, and in an agreeable manner, upon the reproductive apparatus, are collectively presented in

ERGOAPIOL (SMITH)

The preparation exerts an impressive anodyne and sedative effect upon the uterus and ovaries, and imparts vitality and functional activity to the entire generative system. While the function-promoting action of the preparation is surprisingly prompt, no untoward effects attend its administration.

ERGOAPIOL (SMITH)

IS OF INESTIMABLE IMPORTANCE IN THE TREATMENT OF

AMENORRHEA, DYSMENORRHEA

AND OTHER

MENSTRUAL IRREGULARITIES.

DOSE.—ONE TO TWO CAPSULES, THREE OR FOUR TIMES A DAY, ACCORDING TO THE EXIGENCIES OF THE INDIVIDUAL CASE.

Ergoapiol (Smith) is marketed in metal boxes containing twenty capsules. The preparation is obtainable at all prescriptionists.

LITERATURE.—PAMPHLETS BEARING UPON THE THERAPY OF THE PREPARATION WILL BE SENT, POST PAID, ON REQUEST.

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ORIENTA APERIENT WATER

Is a clear, pure water, containing the most soluble purgative salts effectively combined.

Acts as an intestinal antiseptic, as well as a purgative, eliminating germs and preventing auto-infection (ptomaine poisoning). This action is solely due to sodium sulphite contained as a fixed compound in the water.

Is acceptable to nearly all patients, as it never produces nausea, weakness nor thirst. In its use purgation is not followed by constipation, as is unfortunately and commonly the case with other purgative waters.

Does not weaken; it produces a tonic effect, stimulating the whole system; appetite is increased, sallowness and foulness of the breath disappear, headaches and vertigo vanish.

Is the only purgative water the use of which is unaccompanied with disadvantages in genito-urinary diseases.

Relieves women suffering with hemorrhoids and diseases of the uterus and ovaries, by reducing the congestion of the pelvic viscera.

Re-establishes the normal flow of bile, and is thereby a prophylactic in cases of biliary colic, due to the passage of biliary calculi.

Is indicated in cases of flatulency, bilious attacks, eczema, glandular enlargements and scrofula.

Benefits chronic nervous conditions, atony of the stomach and intestines, certain forms of diseases of the heart and circulatory system, chronic cases of skin affections and certain diseases of the lungs.

If used regularly alone, will often suffice in cases of influenza, diarrhœa, malaria, gastric and febrile disorders and infectious diseases by enabling the engorged, digestive, circulatory and lymphatic systems to regain their normal condition.

Acts in trifling doses. One small wineglass taken on an empty stomach immediately before breakfast produces a well-marked laxative effect in an adult. The dose for women or children should be reduced to one-half or one-third.

Is now considered an indispensable mineral water, especially in large city practices where it is important to husband the patient's strength, under penalty of their developing anæmia, or breaking down under the nervous strain and becoming neurasthenics.

Is cheapest because best. It is now prescribed by the leading physicians and stocked by all first-class retail druggists.

The ORIENTA Manufacturing Co., Cal., Ind.

A sample bottle will be sent free to any Physician if he will pay express charges.

SOLD EVERYWHERE.

FIGHTING SLEEPING SICKNESS.

To the Editor, The Indian Lancet.

SIR,—A new era is opening in the war which is being waged against sleeping sickness. A new scheme has been formulated to deal with the area on the shores of Lake Victoria in Uganda. The scheme will involve an expenditure of about ten thousand pounds a year and this will deal with a population of about one hundred thousand. Once the population was three times that number, but two hundred thousand, it is estimated, have died of the disease and some twenty thousand are suffering at present. The proposition is that these people shall be segregated in camps and shall undergo the atoxyl treatment which consists of the administration of a compound of arsenic and one of the benzine dyes. Interviewed on the subject, an official of the School of Tropical Medicine said of the process: "It has the power of driving the parasites from the circulation, it is hoped also to kill them by this means, but, in a proportion of instances, at any rate, we know that it has not done so. The cure of the twenty thousand afflicted natives must, therefore, remain an open question." When once an effective cure has been carried out the problem is not so great. To save the remainder of the population is a comparatively simple matter in this district, for it is only necessary to move the people about two miles inland. The tsetse fly, the carrier of so much disease and death to man and the lower animals, breeds within fifteen or twenty yards of the edge of the water and it will follow people for some hundreds of yards, up to a mile or so, but beyond that the fly-free area is to be found. One important part of the work to be done is the clearance of all vegetation from all the landing stages along the Victoria Nyanza and fords, ferries and water holes are to be similarly treated. This is an essential part of the scheme, because the flies can only live where there is thick bush. Shade is essential to their existence. The landing-stages will be cleared of bush to the extreme limit necessary to ensure immunity from the flies, and the area so treated is to be planted with some low-growing plant that will not supply shade, but will ensure the cultivation necessary to keep down the jungle. Whether sleeping sickness will be stamped out altogether is a debatable point. It has still to be proved whether or not the disease is endemic and also there is the difficulty that the disease may continue to exist seemingly dormant in animals, only to break out again as soon as precautions are relaxed. It must be remembered that the shores of the Victoria Nyanza extend for two thousand four hundred miles and the fly can only be exterminated altogether when the jungle itself is destroyed. The process, however slow it may be, will certainly be helped forward by the scheme now adopted; for the less risk there is of sleeping sickness being contracted, the greater will be the inducement for Europeans to enter the country. The scheme for the removal of the whole of the natives from the fly-infested area emanated from the medical officers on the spot, who are linked up with the Schools of Tropical Medicine in London and Liverpool. The work of investigation at these centres, during the past few years, has been of the most encouraging description; and the future is full of promise in respect to the task of discovering and removing the mysterious disease.

Yours etc.,

REFORM.

THE CHOLERA

To the Editor, The Indian Lancet.

SIR,—The Cholera Fiend had descended upon the City, upon the insanitary evil-smelling bazaars of India, of the East. He had thrown his shadow over a thousand mud-walled hovels of the worst type whose very presence was a blot upon the face of God's world and indicative of the home and breeding place of disease and vice.

From end to end of the city cholera raged, as well as out in the surrounding country, smiting whom it would, claiming its victims in all parts daily—hourly. All day long, day after day, week after week, the Domes, the caste of the Dead, bore the putrid and corrupted corpses out beyond the confines of the town to the river, the River of the Dead. For the rich, for the middle class, for the high caste, there was the Burning Ghat where what remained of the poor once animated mortal was reduced midst the encircling vapour of incense to ashes and delivered to the bosom of Mother Gunga. But for the poor, for the needy, for the coolie, for the Chamar, for all those of low caste, there was no place at the Burning Ghat, there were indeed not enough of the carriers of the dead to remove them as they expired for they died so fast and in such numbers.

All night, night after night, the leaping flames of the Burning Ghats reddened the blackness of the midnight sky and proclaimed far and near their activity. By day, when the sun shone with its full intensity and its heat was thrown back in burning, simmering whirls from the parched and choking surface of the earth, the whole presented an animated appearance.

SAL HEPATICA

EFFERVESCENT SALINE LAXATIVE.
URIC ACID SOLVENT.

A combination of the Tonic, Alterative and Laxative Salts similar to the celebrated Bitter Waters of Europe, fortified by the addition of Lithia and Sodium Phosphate. It stimulates the liver, tones intestinal glands, purifies alimentary tract, improves digestion, assimilation and metabolism. Especially valuable in

Rheumatism, Gout, Bilious Attacks and Constipation.

Most efficient in eliminating toxic products from intestinal tract or blood, and correcting vicious or impaired functions.

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As for as the eye could see its stretch, away on the one side in the direction of the ice capped Himalayas, the seat of eternal silence and of eternal snow, away on the other in the direction of the delta where divided into a dozen streams, it empties its mighty volume into the rolling ocean, the river was dotted with small dark objects, bobbing up and down on the tiny ripples and being whirled around in the never resting edies Many would disappear long ere they came within sufficient distance for the untutored or inexperienced watcher to ascertain what they were. Others would, in the never ending stream, drift gradually and by degrees nearer and nearer, some even being thrown upon the river bank, and then the watcher would recoil with a feeling akin to horror as he realized them to be bodies of the dead,—the poor victims of the unconquerable cholera. Even while he watched, perhaps some would disappear, or others that had been thrown upon the bank would be drawn back again by the murmuring waters of the ever flowing tide—Mother Gunga playing with her dead and the denizens of Mother Gunga's deep and broad flood—alligators and crocodiles of the man eating species—gorging their fill at her bounteous and well supplied table. Others, thrown up upon the bank during the long hours of day light when the flood was at its height and then left there by the receeding waters, would lie and fester, until the shades of the sweating but none the less welcome night enwrapt the cursed, God-branded land. Then, from the surrounding jungle, inhabitants of the great forest would steal forth—jackals, hyenas, or perhaps even a half famished leopard—with almost noiseless, slinking, padded tread and scare away the flocks of bald-headed vultures, hoarsely croaking and indignant at being disturbed, to claim their share of the repast—a place at the feast, at the table of the Dead. The returning dawn, the morning's sun, woud reveal nothing of what had been on the sides of the river only the night before but heaps of gleaming white, well picked bones, glistening in the sunbeams and Mother Gunga would laugh softly to herself as she rippled swiftly by, flowing onward, ever onward, down to the waiting sea. Above, beneath the brilliant sky, its blue unmarred by flake or speck of cloud, hundreds of vultures would hover, awaiting the fortune of the day, the meat that the river should will to be theirs, and ever and anon swooping lower and yet lower, each unwilling that his fellow should fasten upon the first morsel before the other.

So the days passed on, each succeeding one merely serving to show the virulence with which the fell disease was ravaging the stricken city. There fell at last a day when it perforce abated in intensity for there was no one left for it to claim. They who could do so had fled, they who could not were all dead and the town had become a city of the Dead on the banks of the River of the Dead. Within its walls silence reigned supreme, the houses were empty, the streets were untroden, the temples unwatched and the idols forgotten. Death the Conqueror reigned supreme and held sole and undisputed sway over the once busy hive of human habitation.

There stands the town to-day, as it has stood perhaps for centuries and mayhap will yet stand a few years more ere decay brings its stately edifices and mud-walled hovels each alike because both are empty, crumbling to the ground, but no sound, save perhaps the yelping of a jackal in the adjacent jungle on a moonlight night, disturbs the calm serenity which has descended upon it, for its vicinity is shunned alike by human beings and the beasts of the field. It is said by the superstitious that on a calm windless evening, he who ventures near enough to hear, can listen to the last terrible hours being repeated He can, it is said, hear the groans of the sick, the cries of the helpless for water when there were none left to bring it, the shrieks of the stricken and the death rattles and last convulsive struggles of the dying. He can, it is said, hear the oft repeated curses and blasphemies of the wicked and the lewd, and the final prayers and invocations to the Deity of the virtuous and pure. Mayhap these are tales of the countryside and the sounds are the voice of the wind as it sweeps in fitful gusts up the deserted and grass overgrown streets and round the doors of the untenanted houses, but the lone city is there and he who is curious can go and listen for himself. If, perchance, he hears nothing, he will still see with his own eyes what has been done, and left, by the cholera.

Yours etc.,
E. H.

LUCKNOW MEDICAL COLLEGE.

To THE EDITOR, THE INDIAN LANCET.

SIR,—Estimates in connection with the new Medical College in Lucknow to the extent of seventy-five lakhs are now being prepared; fittings, apparatus and surgical instruments alone costing twenty lakhs.

Earthwork will be started immediately and the work in connection with minor buildings shortly.

It is notified that the E. I. Railway Company have now intimated that through booking of all goods and coaching traffic may now be resumed over that Railway.

Six delegates were appointed at a meeting of the members of the Telegraph Department at Rangoon last night to form a Deputation to the Viceroy, if the Director General approves.

Yours etc.,
A. N. C.

Wanted known, that a Dispensary, where all medical and surgical accessories are available has been opened at 3, Wellesley Street, under the name of Ellwood & Co.

Prescriptions dispensed day and night, and urine analysis done.

Dr. N. N. Dey, L.R.C.P. & S., Edin. L.F.P. & S., Glasgow &c., can be consulted daily between the hours of :—

8 to 9 A.M.

5 to 6 P.M.

In all disorders of the respiratory tract in which inflammation or cough is a conspicuous factor incomparably beneficial results can be secured by the administration of

Glyco-Heroin (Smith)

The preparation instantly diminishes cough, augments expulsion of secretions dispels oppressive sense of suffocation, restores regular, pain-free respiration, and subdues inflammation of the air passages.

The marked analgesic, antispasmodic, balsamic, expectorant, mucus-modifying and inflammation-allaying properties of

Glyco-Heroin (Smith)

explain the wonderful curative action of the preparation in the treatment of

Coughs, Bronchitis, Pneumonia, Laryngitis, Pulmonary Phthisis, Asthma, Whooping Cough

and the various disorders of the breathing passages.

Glyco-Heroin (Smith) is admittedly the ideal heroin product. It is superior to preparations containing codeine or morphine, in that it is vastly more potent and does not beget the by-effects common to those drugs

DOSE—The adult dose is one dram, repeated every two or three hours. For children of more than three years of age, the dose is from five to ten drops.

Glyco-Heroin (Smith) is marketed in one-pound bottles, thus enabling the physician to prescribe whatever amount the individual case may require. The prevailing prescriptions are for three ounces. The preparation is obtainable at all prescriptionists.

LITERATURE.—Exhaustive literature bearing upon the preparation will be sent, post paid, on request.

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Argentamine. Ten per cent. solution of Silver Nitrate in Ethylenediamine. An organic Silver Salt possessing the property of penetrating very deeply into the tissues. Its use is not accompanied by the many inconveniences to the patient which are found with the ordinary Silver Salts.

Chloralamid. Superior hypnotic without harmful or unpleasant by-effects, having the following advantages over Chloralhydrate:—Its action develops more gradually. The depressing effect of Chloral upon the heart is counteracted by the action of the formamide contained in Chloralamid. It does not cause headache. Chloralamid should on no account be dispensed in hot solutions.

Lævulose. Is fruit-sugar for Diabetics, being perfectly assimilated, and constitutes therefore a superior dietetic also for consumptive patients.

Phenocoll. Soluble Phenacetine. A valuable anti-pyretic, anti-rheumatic, and anti-neuralgic. Recommended in malarial fever. Harmless to the action of the heart and circulation of the blood.

Piperazine. Freely dissolving urinary deposits, is promptly eliminated by the kidneys, and perfectly harmless. Strongly recommended in all cases of uric acid diathesis.

Sublamine. A preparation containing Mercury Sulphate and Ethylenediamine in chemical combination. By the presence of Ethylenediamine the irritating action to the skin is entirely avoided, and, what is equally important, a most phenomenal penetrative power is secured for the metallic disinfectant, inasmuch as the presence of Ethylenediamine prevents the coagulation of the albuminous substances of the skin usually produced by metallic agents, and thus permits of easy and deep penetration of the Sublimate without any inconvenience. Recommended for thorough hand disinfection. [of Berlin.

Urotropine. Registered Trade Mark. Manufactured under the control of Prof. Dr. A. Nicolaier, A valuable urinary antiseptic and uric acid solvent, very efficient in all suppuratory diseases of genito-urinary tract, pyelitis, cystitis, with ammoniacal decomposition of the urine, phosphaturia, and also in gouty and rheumatic affections, where active elimination of uric acid and the urates is required. Highly recommended in typhoid bacteriuria as a prophylactic against the spread of typhoid fever.

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A. & M. ZIMMERMANN, 3, Lloyds Avenue, London, E.C.

WE are walking in the dark when we prescribe a preparation of unknown strength. We are compelled virtually, to make a physiological test of the drug upon our patient. The manufacturing pharmacist should do this work for us. He has facilities that are not available to the physician and the dispensing pharmacist. Let the manufacturer of drug extracts standardize his preparations by chemical assay when possible, and by physiological assay when the older method is inexpedient. Then the physician will be spared the humiliation of palpable impotence in the face of danger. There will be no occasion for experiment at the bedside.—*From Editorial in Buffalo Medical Journal, U.S.A.*

The Test of Time and Experience

THIRTY YEARS OF CONFIDENCE on the part of the Profession have established, beyond all question, that

NERVOUS EXHAUSTION

NEW LIFE & VIGOR

Nervous Exhaustion, or Neurasthenia, as it is now called, is well defined by that world-famed scientist and investigator

DR. JAMES H. BEARD, M.A., M.D.,

to be "a chronic functional disease of the Nervous System, the basis of which is impoverishment of Nervous force, waste of Nerve tissue in excess of repair, hence the lack of inhibitory or controlling power—physical and mental—the feebleness and instability of nerve action, and the excessive sensitiveness and irritability, local and general, direct and reflex. The fatigue and pain that temporarily follow excessive toil or worry or deprivation of food or rest, are symptoms of Acute Neurasthenia, from which the chronic form differs only in permanence and degree. Nervousness is really Nervelessness." There are thousands of people who, given up as incurables, their strength and powers undermined as a result of Nervous Exhaustion, to whom "NEW LIFE AND VIGOR" are magic words, are languishing for the greatest of all blessings: Robust Health and Restored Vitality. To all such we commend the use of B. & S. SOLUTION, the celebrated remedy discovered by Dr. Lawrence, M.D., which has been used in all parts of the world for over quarter of a century.

B&S. SOLUTION

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is a scientific exhibit of a combination of well-known drugs of the highest possible quality and at once recognizable by the therapeutist as a MOST VALUABLE NERVE TONIC

The Survival of The Fittest

This remarkable compound, the result of the latest developments of modern Chemistry, Pharmacology, and Therapeutics, is without an equal in all cases of Nervous Exhaustion and Premature decay, whether induced by worry, overwork, or other exhausting causes. As a real nervine tonic and invigorating agent it has no equal in the whole field of Therapeutics and may be relied upon to impart "NEW LIFE AND VIGOR," and to restore weakened constitutions to pristine strength and energy. When every other medicine has failed, B. and S. SOLUTION has been prescribed in the most inveterate cases by the best physicians with success, and there are thousands of living witnesses to attest to the benefits derived from this great modern invention. The Profession will find it to be without a rival and the finest medicine ever brought to their notice.

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In strong terms to the merits of B. & S. Solution in such words as the following:

Dr. Dhever, L.M.S., Shimoga: "My patient is improving."—**Dr. Day, M.B., Tirhut:** "From the use of one bottle of your preparation, I have received such encouraging report from a patient that I intend whenever I have a chance to recommend it."—Dr. Chill, M.A., M.D., Dh[illegible]rumpore: "The results are surprising and are more than I anticipated."—Dr. Das L.M.S., Dinapur: "Send another bottle. The first appears to have done some good."—**Mr. M. M., Dacca:** "Send three bottles, as ordered by Dr. Burnett." Mr. M., Kindat: "I am recommended by the Civil Surgeon that B. & S. Solution is a good remedy for Nervousness and Debility."—Dr. Spinner, B.A. M.D., Ootacamund: "I have used nothing in my practice better."—Dr. Mudliar, Medical Specialist, Madras: "Surprised at the results."

B. & S. SOLUTION is put up in two sizes:—Per bottle, Rs. 3-8 and Rs. 6, (32 & 64 doses.)

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Reviews of Books.

Gynecology and Abdominal Surgery edited by Howard A. Kelly, M.D., F.R.C.S. and Charles Noble M.D. 1907 Vol. I. W. B. Saunders Company, London.

It is a masterpiece and the groups of authors who have contribute to the completion of this volume are well known ornaments of profession the volume embraces both surgery and gynecology in the practical field and asserts the unity of both these arts. The diagrams are simply magnificient and the get up fine. We are sure the specialist will be in indispensible need of these volumes when completed. We wish the editors good speed.

Government Medical Notifications.

INDIA.

The services of 2nd class Assistant Surgeon William Lindfied Brookes, Indian Subordinate Medical Department are placed at the disposal of the Government of Burma, for civil employment in tha province with effect from the afternoon of the 30th September 1907.

The services of 3rd class Assistant Surgeon T. W. Twells Indian Subordinate Medical Department, have been placed at the disposal of the Government of the United Provinces of Agra and Oudh, for civil employment in that province with effect from the 27th October 1907.

The services of 2nd class Assistant Surgeon Frederick George Cutler, Indian Subordinate Medical Department, had been placed at the disposal of Government of Central Provinces and Berar for civil employment in those provinces with effect from the 8th September 1906.

The following promotions are made, subject to His Majesty's approval :—

First class Assistant Surgeon Daniel Robert Davies to be Senior Assistant Surgeon with the honorary rank of Lieutenant, seconded ;

First class Assistant Surgeon Charles Henry Orman, to be Senior Assistant Surgeon with the honorary rank of Lieutenant,—

vice Senior Assistant Surgeon and Honorary Lieutenant A. DeSilva, deceased ; with effect from the 20th October 1907.

BENGAL.

Babu Radha Raman Ghosh, third grade Assistant Surgeon attached to the Charitable Dispensary, Purnea, is appointed to do supernumerary duty in the Medical College Hospital, Calcutta, until further orders.

Babu Sarat Chandra Datta, third grade Assistant Surgeon of the Charitable Dispensary, Midnapore, is appointed to the Charitable Dispensary at Purnea, vice third grade Assistant Surgeon Babu Radha Raman Ghosh, transferred.

Third grade Assistant Surgeon Babu Satish Chandra Das is granted, under article 339 of the Civil Service Regulations, extraordinary leave without pay from the 13th September to the 14th November 1907, both days inclusive.

First grade Assistant Surgeon Babu Shyam Nirad Das Gupta of the Barh Subdivision and Dispensary in the district of Patna is granted, under article 260 of the Civil Service Regulations, privilege leave from the 4th to the 13th November 1907, both inclusive.

BURMA.

Mr. Shaik Abdul Rahman, L.R.C.P.&S. (Edin.), relinquished charge of special duty in the Hanthawaddy District on the forenoon of the 3rd December 1907 and received charge of the Civil Surgeoncy, Thaton District, on the forenoon of the 9th December 1907.

Fourth Class Military Assistant Surgeon C. D. Delaney relinquished charge of Civil Surgeoncy, Thaton District, on the forenoon of the 9th December 1907 and assumed sub-medical charge of the Hanthawaddy District on the forenoon of the 12th December 1907.

Senior Grade Hospital Assistant No. 216, V. M. Da vasiga-money Mudaliar relinquished charge at the Civil Hospital, Kyauktan, Hanthawaddy District. on the afternoon of the 10th November 1907 and assumed charge at the same hospital on the afternoon of the same date, as a supernumerary.

Senior Grade Hospital Assistant, No. 216, V. M, Daivasiga-money Mudaliar, relinquished charge of supernumerary duty at the Civil Hospital, Kyauktan, Hanthawaddy District, on the afternoon of the 16th November 1907 and assumed charge at the General Hospital, Rangoon, on the forenoon of the 17th December 1907, as a supernumerary.

Senior Grade Hospital Assistant, No. 216, V. M. Daivasiga, money Mudaliar, on proceeding on three months' privilege leave combined with three months' leave on medical certificate relinquished charge of supernumerary duty at the General Hospital, Rangoon, on the forenoon of the 23rd November 1907.

Second Grade Hospital Assistant, No. 179, F.A. Francis relinquished charge at the Military Police Hospital, Mogaung, on the afternoon of the 4th December 1907 and assumed charge at the Military Police Hospital, Myitkyina, on the forenoon of the 5th December 1907, as a supernumerary.

Second Grade Hospital Assistant, No. 106, J. N. Rai Chowdhury relinquished charge at the Civil Hospital, Kawkareik Amherst District, on the afternoon of the 20th November 1907 and assumed charge at the Civil Hospital, Minhla, Tharrawaddy District, on the forenoon of the 30th November 1907.

Write for Samples and Literature of

TAKA-DIASTASE

THE MOST REMARKABLE *STARCH DIGESTANT* EVER BROUGHT TO LIGHT.

POWERFUL, PROMPT, PROLONGED IN ITS ACTION.

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PRUNIMENVIB

UTERINE ALTERATIVE.

Exercises a tonic influence on the pelvic Organs; An alterative action on the uterine tissues; Relieves congestions, encourages peristalsis; Removes spasmodic conditions; Regulates the vascular Supply. A Safe and certain Remedy.

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Street Guide to London,
Locating the positions of the Streets, Roads, Lanes, Squares, Market Places, &c.

Commercial Directory of London,
An Alphabetical Register of Businesses in the City and surrounding London Districts.

Trade Directory of London,
With exhaustive references connecting kindred trades.

List of Export Merchants,
Showing the Goods they ship, and the Foreign Markets they supply.

List of Steamship Lines,
Arranged under the Ports to which they sail, and indicating the approximate Sailings.

Local Trade Directories of over 100 Suburban Districts,
Arranged so as to be equally serviceable for circularising, canvassing, or ordinary reference purposes.

Appendix of Leading Provincial Firms, etc.,
Classified under their Trade Headings, and giving some details of their specialities.

IN · MEMORY · OF ·
CAROLINE · SOBIESKI · LYNES · DAUGHTER · OF
JOHN · WYNNE · OF · GARTHMEILIO · ESQUIRE · AND
WIFE · OF · REVD JOHN · LYNES · OF · TOOLEY · PARK ·
LEICESTER · DIED · AT · CHESTER ·
ON · 26TH AUGUST · 1886 · AGED · 88 ·
AND · OF · EMMA · CATHERINE · LYNES ·
DAUGHTER · OF · THE · ABOVE · WHO · DIED · AT · CHESTER
ON 22ND APRIL · 1893 · AGED · 57
✝ BURIED · AT · ST CATHERINES · LLANGWM ✝

ESTABLISHED JANY. 1852.

BROWN & COMPANY,

MONUMENTAL SCULPTORS, ETC., ETC.,

IMPORTERS OF MARBLE, GRANITE, STONE, STATUETTES AND STATUES FOR CHEMETRIS. WREATHS AND IN MEMORIAM CARDS.

Highest Quality Church Mural Brass Tablets. Plaster of Prais for Studious. Hospitals, and Engineering and building purposes.

Iron Railings, Marble and Parian Fingures.

THIOCOL "ROCHE."

For the Treatment of Tuberculosis.

ADVANTAGES OF THIOCOL OVER ALL OTHER GUAIACOL PREPARATIONS:

THIOCOL is non-toxic.
THIOCOL is absolutely inodorous.
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